

**PC SCAN**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**FILED**

CR

WENDELL E. WEAVER

2/8/2022

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

Case No: NO. 21 C 5148(To be supplied by the Clerk of this Court)DR. MARLENE HENZIE;DR. GARCIA ; COLLEGIAL UNIT ;WEXFORD HEALTH SOURCES INC;DR. WILLIAMS ; DR. BRUCKNER ;PLACEMENT OFFICER SGT. MARKS ;WARDEN DAVID GOMEZ, ASST. WARDEN WILLIAMS, ASST. WARDEN OSBOURNE ;(Enter above the full name of ALL DR. O ; DR. E.  
defendants in this action. Do not  
use "et al.")**CHECK ONE ONLY:****AMENDED COMPLAINT****COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)****COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)****OTHER (cite statute, if known)****BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

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**I. Plaintiff(s):**

A. Name: WENDELL E. WEAVER

B. List all aliases: N/A

C. Prisoner identification number: R47387

D. Place of present confinement: STATEVILLE C. C.

E. Address: 16830 S. BROADWAY P.O. BOX 112 JOLIET, IL 60434

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: MARLENE HENZIE  
Title: MEDICAL DIRECTOR ; COLLEGIAL UNIT  
Place of Employment: STATEVILLE C.C. / WEXFORD HEALTH

B. Defendant: DR. GARCIA  
Title: DR. GARCIA ; COLLEGIAL UNIT  
Place of Employment: STATEVILLE C.C. / WEXFORD HEALTH

C. Defendant: DR. WILLIAMS  
Title: NURSE PRACTITIONER / ASST. DOCTOR  
Place of Employment: STATEVILLE C.C. / WEXFORD HEALTH

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

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II. DEFENDANT(S)

D. DEFENDANT: DR. BRUCKNER  
<sup>HELEN</sup>

TITLE: NURSE PRACTITIONER / ASST. DOCTOR

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C. / WEXFORD HEALTH

D. DEFENDANT: PLACEMENT OFFICER SGT. MARKS

TITLE: PLACEMENT OFFICER / CORRECTIONAL OFFICER

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

D. DEFENDANT: WEXFORD HEALTH SOURCES, INC.

TITLE: HEALTH CARE PROVIDER FOR ILLINOIS PRISON(S)

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

D. DEFENDANT: WARDEN GOMEZ

TITLE: WARDEN

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

D. DEFENDANT: ASST. WARDEN WILLIAMS

TITLE: ASST. WARDEN

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

D. DEFENDANT: ASST. WARDEN OSBOURNE

TITLE: ASST. WARDEN

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

II. DEFENDANT (S)

D. DEFENDANT : DR. OKEZIE

TITLE: DOCTOR

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

D. DEFENDANT: DR. E

TITLE: DOCTOR

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

A. Name of case and docket number: WEAVER V. MARTIJA, ET AL  
N.D. ILL. 16-C-940033

B. Approximate date of filing lawsuit: SEPTEMBER 30, 2016

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A  

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D. List all defendants: DR. OBAISI, WARDEN LAMB, DR. A. MARTIJA,  
OFFICER CHAVEZ, SGT. BERKLEY, MED TECH "BOBBY"  

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E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): NORTHERN DISTRICT OF ILLINOIS U.S. DISTRICT CT.

F. Name of judge to whom case was assigned: VIRGINIA KENDALL  

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G. Basic claim made: DELIBERATE INDIFFERENCE TO MEDICAL /  
DELAY IN TREATMENT FOR FINGER DISLOCATION  

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H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): SETTLEMENT / NO APPEAL  

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I. Approximate date of disposition: JANUARY 2020

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. LIST ALL LAWSUITS YOU (AND YOUR CO-PLAINTIFFS, IF ANY) HAVE FILED IN ANY STATE OR FEDERAL COURT IN THE UNITED STATES:

A. NAME OF CASE AND DOCKET NUMBER: WENDELL WEAVER V. DR. J. MITCHELL, DR. BROWN, DR. JANE DOE 15-cv-02950

B. APPROXIMATE DATE OF FILING LAWSUIT: MARCH 31, 2015

C. LIST ALL PLAINTIFFS (IF YOU HAD CO-PLAINTIFFS), INCLUDING ANY ALIASES: WENDELL WEAVER -

D. LIST ALL DEFENDANTS: DR. J. MITCHELL, DR. BROWN, DR. JANE DOE, R. PFISTER

E. COURT IN WHICH THE LAWSUIT WAS FILED (IF FEDERAL COURT, NAME THE DISTRICT; IF STATE COURT, NAME THE COUNTY): U.S. DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

F. NAME OF JUDGE TO WHOM CASE ASSIGNED: VIRGINIA M. KENDALL

G. BASIC CLAIM MADE: DELIBERATE INDIFFERENCE TO PAINFUL NEEDS / TREATMENT

H. DISPOSITION OF THIS CASE (FOR EXAMPLE: WAS THE CASE DISMISSED? WAS IT APPEALED? IS IT STILL PENDING? (LOST AT TRIAL WITH JURY), NO APPEAL.

I. APPROXIMATE DATE OF DISPOSITION:  
(FEBRUARY 2019)

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#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

1.) BACK IN 2015, ON AUGUST 05 THE PLAINTIFF FINGER WAS DISLOCATED DURING A BASKETBALL GAME AT STATEVILLE C.C. ON AUGUST 29, 2015 HE HAD HIS FIRST SURGERY TO SET HIS FINGER BACK IN PLACE. IN OR AROUND MID-OCTOBER 2015 HE HAD A SECOND SURGERY TO GET THE PIN REMOVED FROM HIS FINGER TO HOLD THE BONE IN PLACE. ON OR AROUND DECEMBER 29, 2015 THE DR. WHO PERFORMED BOTH SURGERIES (DR. FANTOS) RECOMMENDED A THIRD SURGERY TO REMOVE THE BUILDUP ON AND AROUND THE BONE OF THE SURGERY TO FREE IT UP OF OBSTACLES ETC. AND IMPROVE MOBILITY AND FUNCTION, BUT TOO NO AVAIL. STATEVILLE "COLLEGIAL DOCTORS" DENIED THE REQUEST. SINCE THEN THE PLAINTIFF HAS BEEN COMPLAIN ABOUT CONSISTANT PAIN AND LACK OF MOBILITY AND FUNCTION, SO HE WAS SENT TO U.I.C. HOSPITAL ON DECEMBER 12, 2018, DR. ALFONSO MEJIA MD. RECOMMENDED THE THIRD SURGERY AGAIN, AND SET UP A SURGERY DATE AND GAVE ME THE DIRECTION AND SOLUTION TO USE ON THE DAY OF THE SURGERY BUT THAT DAY NEVER CAME, BECAUSE DR. HENZE AND DR. GARCIA (COLLEGIAL UNIT) IN THE MEDICAL DENIED IT, SAYING THEY WERE GOING WITH SOME ALTERNATIVE TREATMENT; THAT THE

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PLAINTIFF NEVER RECEIVED! THE PLAINTIFF HAS STILL BEEN COMPLAINING ABOUT THE PAIN AND FUNCTION AND MOBILITY IS LITTLE TOO NONE! DR. ALFONSO MEJIA, MD FROM U.B.C. HOSPITAL ALSO NOTED: THIS 3RD SURGERY WAS "MEDICALLY NECESSARY" TOO STOP THE PAIN AND GET SOME "FUNCTION AND MOBILITY" BACK, BUT DR. HENZIE AND DR. GARCIA (COLLEGIAL UNIT) PREVENT/ DENIED THIS "MEDICALLY NEEDED" SURGERY TOO SAVE "WEYFORD MONEY" OR AS THEY SAID AN "ALTERNATE TREATMENT" THAT THE PLAINTIFF NEVER RECEIVED TOO THIS DAY? SEE EXHIBIT (1). ATTACHED. ALL THE PLAINTIFF RECEIVED IS A FEW PAIN PILLS FOR OTHER ISSUES THAT WILL FOLLOW AND CLAIM THEY SHOULD HELP my FINGER AS WELL, BUT THEY DON'T, I GUESS THIS IS/WAS THE "ALTERNATE TREATMENT" THEY DENIED my 3RD SURGERY FOR? Id.<sup>(2)</sup> MY SECOND ISSUE IS KNEE(S); my "RIGHT KNEE" SPECIFIC; AND my SHOULDER(S) ALSO THE RIGHT ONE, I BELIEVE THAT HAS THE TORN ROTATOR CUFF, NOT SAYING my LEFT SHOULDER OR my LEFT KNEE DOESN'T POP OR CAUSED PAIN AS WELL, BUT I WANT TO DEAL WITH

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THE ONE(S) STATEVILLE MEDICAL DEPARTMENT KNEW OR SHOULD HAVE KNOWN WAS A SERIOUS MEDICAL PROBLEM, BUT DID NOTHING OR THE BARE MINIMUM UNTIL MY CONDITION(S) WORSENED, LIKE NOW, my "RIGHT" KNEE IS SO SWOLLEN RIGHT NOW I CAN BARELY WALK, I GOT A LIMP NOW, AND MY RIGHT SHOULDER GOT STUCK AND I CAN BARELY RAISE MY RIGHT ARM, IT'S VERY HARD TO MOVE IT RIGHT NOW, IT'S BOTHERING ME AS I WRITE THIS COMPLAINT? THIS COURT MENTION I RECEIVED SOME MEDICAL TREATMENT FOR THESE ISSUE(S) YES, I DID, BUT IT WAS "INEFFECTIVE" AND THEY (MEDICAL STAFF) KNEW THIS BECAUSE I ALWAYS TOLD THEM AND COMPLAINED ABOUT THESE ISSUE(S) FOR (BACK) SEPTEMBER 17, many, many, years! going AT LEAST TO 2017" COULD BE LONGER, TOO MULTIPLE DOCTORS HERE AT STATEVILLE C.G., BUT TO NO AVAIL, IT WAS ALWAYS DOWN PLAYED OR OVERLOOKED OR TOLD IT'S OLD AGE, ETC. DR. WILLIAMS TOLD PLAINTIFF HE HAS "BONE SPURS" BUT NEVER TOLD HIM WHAT THAT WAS OR MEANT, BUT DID NOTHING FOR THEM, AND ASSUMMING SHE SAID THIS BASED ON X-RAYS, SHE DIDN'T SEE THE "TORN MCL SKIES" OR DEGENERATE OF THE KNEE(S)? MS. WILLIAMS IF SHE DID ANYTHING WAS VERY MINIMUM AND NOW MY RT. KNEE HAS WORSENED OVER TIMES, DUE TO HER OVERLOOKING OR DISREGARDING THESE SERIOUS MEDICAL NEEDS,

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

(CONT)

## IV. STATEMENT OF CLAIM;

SAME WITH MY SHOULDER'S, ASSUMING SHE WAS BASED ON X-RAY, I HAVE A TORN ROTATOR CUFF, I BEEN WALKING AROUND WITH THIS INJURY FOR YEARS: (SEE MEDICAL RECORDS) STILL NOTHING HAS BEEN DONE ABOUT IT, BESIDES A FEW PAIN RELIEVERS, THIS IS A SERIOUS MEDICAL ISSUE, ESPECIALLY THE PAIN I'M IN AND BEEN COMPLAINING ABOUT FOR YEARS, SHE DIDN'T SEND OR RECOMMEND "PHYSICAL THERAPY" WHICH WAS ADVISED FOR I DON'T KNOW HOW LONG, AND WHEN I DO GO, IT SEEM LIKE IT MADE IT WORST AND I TOLD MS. WILLIAMS THIS AND THAT WAS THAT, SHE NEVER CALLED OR TALKED TO ME ABOUT MY KNEE OR SHOULDER OR BONE SPURS AGAIN. THE PLAINTIFF TALK THESE SAME ISSUE(S) TO OTHER DOCTOR(S) HERE AT STATEVILLE C.C. SUCH AS DR. <sup>AND DR.</sup> ~~WHITE~~ / OKEZIE ON OR AROUND MARCH 15, 2018 / JUNE 5, 2018 WHEN BEEN SEEN ON AN UNRELATED ISSUE, BUT TO NO AVAIL; AGAIN NOTHING WAS DONE FOR MY RIGHT SHOULDER - TORN ROTATOR CUFF - OR MY RIGHT KNEE "TORN MUSKLES", "BONE SPURS", DEGENERATE OF THE KNEE? DR. E TOLD ME I'M NOT THERE FOR MY SHOULDER(S) AND KNEE(S) SO HE DON'T WANT TO DISCUSS THEM AND TOLD ME TOO LEAVE, AND HE'LL PUT ME BACK TO SEE HIM OR SOMEONE ELSE. (SEE GRIEVANCE DATED (3-9-2018) AGAIN TWO (2) MORE DOCTORS OVERLOOKING OR DISREGARDING THE MEDICAL FILE / X-RAYS - ROTATOR CUFF - RIGHT KNEE TORN MUSCLES / DEGENERATING KNEE, WHICH SHOULD'VE BEEN RIGHT THERE IN THE FILES AND DID SOMETHING AT THAT TIME TOO PREVENT THE STATE MY ARM AND KNEE IS IN AT THIS TIME, WHICH CLEARLY IS SERIOUS MEDICAL ISSUE(S). THAT NEEDED MEDICAL ATTENTION.

(5 CONT)

## IV. STATEMENT OF CLAIM;

FAST FORWARD A FEW YEARS LATER THE PLAINTIFF SEEN DR. MARLENE HENZKE IN 2019 AROUND FEBRUARY AND WAS SENT TO U.I.C. FOR THE C.T. SCAN / M.R.I. ON MY RIGHT SHOULDER AFTER COMPLAINING TOO HER FOR A WHILE, SOME TIME LATER AND IT WAS CONFIRMED A TORN RIGHT ROTATOR CUFF, AND TORN BICEP TENDONITIS, ETC. WHICH COULD HAVE BEEN DISCOVERED SOONER IF; DR. WILLIAMS, DR. E, DR. O, WOULD'VE SENT ME OUT EARLIER. SO AT THIS TIME I BEEN WALKING AROUND WITH THESE INJURIES(S) AND EXCRUCIATING PAIN FOR AT A MINIMUM OF 2-3 YEAR(S) ! HOW IS THIS RIGHT? I'M ALMOST CERTAIN THIS PROBLEM STARTED BACK IN "2015" SO AS STATED IT COULD'VE BEEN LONGER NEED MEDICAL RECORDS TOO CONFIRM. NOW MY ARM IS ALMOST USELESS, BECAUSE OF THESE DELAYS AND DOWN PLAYING MY CONDITION(S).

(JUNE/JULY 2019)

A LITTLE WHILE LATER, THE PLAINTIFF WAS SENT TOO GET AN M.R.I. ON HIS "RIGHT KNEE" AND AGAIN CONFIRMED THE SOURCE OF THIS PAIN - A "TORN MCL/ACL" AND DEGENERATED KNEE, AFTER YEARS OF "BONE ON BONE" THE POPPING SOUND WAS THE BONE GRINDING ON EACH OTHER, NO DOCTOR AT STATEVILLE NEVER MENTIONED THIS TOO ME, AND KNEW FULL WELL THIS WAS A SERIOUS MEDICAL PROBLEM THAT CAUSE MY KNEE TOO BE IN IT'S CURRENT STATE BARELY STANDING ON IT, AND HARD FOR ME TOO WALK AND I HAVE A LIMP AND CHALLENGING FOR ME TOO CLIMB STAIRS, ETC. THIS COULD'VE BEEN PREVENTED WITH EARLY DETECTION OR CONFIRMED EARLIER TOO BE EASY CAREFUL OR WHAT EVER SO I WOULDNT INJURE IT AGAIN OR CONTINUE TOO BE ACTIVE, ON IT, AS IT WAS NOT INJURED.

## IV. STATEMENT OF CLAIM:

SO AT THE VERY MINIMUM, IT MAKE SENSE WHY MY  
(R.T.) KNEE AND "RIGHT" "SHOULDER" IS IN IT'S CURRENT STATE, CRONING  
 DOWN "24" HOURS A DAY AND LOSING IT'S FUNCTION(S) JUST  
 LIKE my NEGLECTED PINKY FINGER, UNFORTUNATELY THESE  
 PRISON DOCTOR(S) DON'T OR WON'T DO NOTHING FOR YOU  
 UNLESS YOU FILE A COMPLAINT / LAW SUIT, OR YOUR  
 CONDITION WORSTEN TOO THE "WORST" CONDITION "SINCE":  
 LIKE I'M IN NOW. ACTUALLY I JUST WAS SEEN ABOUT  
 my RIGHT KNEE AT U.I.C. IN JANUARY OF THIS  
 YEAR 2022, ALMOST (6) YEARS AFTER my FIRST COMPLAINT  
 AND WAS TOLD my KNEE IS SHOT, AND I MAY NEED A  
 KNEE REPLACEMENT IN THE NEAR FUTURE, AGAIN YEAR'S  
 OF DELAYED TREATMENT BY THESE PRISON DOCTORS, AT  
 OUR EXPENSE EXPENSE, THE MEDICAL DIRECTOR  
 MARLENE HENZIE SHOULD HAVE KNOWN AT LEAST WITH SEEING  
 my X-RAYS / MRI RESULTS I NEEDED IMMEDIATE MEDICAL  
 ATTENTION, SO I WOIN'T WORSTEN my CONDITION(S), WALKING  
 AROUND, PLAYING BASKETBALL, CLIMBING STAIRS, ETC, ON  
 "A DAMAGED KNEE", INSTEAD I WAS GIVEN PAIN PILLS AND  
 TOLD I'M SCHEDULED TO GO OUT AND SEE SAME ONCE FOR YEARS  
 WHILE WORSTENING my CONDITION, THIS DELAYED TREATMENT IS  
 UNACCEPTABLE! I ALSO FORGOT THEY GAVE me CLOTH KNEE SLEEVES  
 IF THAT COUNT FOR ANYTHING, BECAUSE THEY DIDN'T HELP AT  
 ALL! ON OCTOBER 01, 2020, WELL AFTER THE X-RAYS, M.R.I,  
 ETC. THE PLAINTIFF SEEN DR. HELEN BRUCKNER, EVEN SO E,  
 I didn't KNOW THE RESULT'S OF SUCH TEST AT THAT POINT  
 SHE HAD my MEDICAL FILE IN HER HAND, THIS WAS AFTER I  
 (5) cont

HAD ALREADY BEEN RESCHEDULED ABOUT "6" TIMES, I TOLD DR. HELEN BRUCKNER ABOUT THE EXCRUCIATING PAIN I WAS IN AND HOW THEY STOP GIVING ME TRAMADOLS PAIN MEDICINE FOR TYLENOLS-3'S AND HOW THEY WERE NOT WORKING WELL AND MAKING ME SICK, AND HOW I WAS BARINGLY WALKING AND HOW W MY KNEE WAS GIVING OUT, AT TIMES P SHE TOLD ME, YOU WALKING PRETTY GOOD TO ME" I TOLD I BELIEVE I HAVE A TORN ACL/ OR TENDON DUE TO THE POP / SNAP SOUND IT MADE DURING A BASKETBALL GAME A FEW YEARS EARLIER, I'M NOT SURE AT THIS TIME WAS indeed I EVEN HAD THE M.R.I., BUT X-RAYS WAS DONE, BUT THE PAIN I WAS IN WAS UNDENIABLE, SHE TOLD ME SHE CAN'T MAKE MY LIFE PAIN FREE AND EITHER I TAKE THE TYLENOL 3'S OR GET REGULAR TYLENOL'S, ETC. I TOLD HER THE OTHER MEDICINE (TRAMADOLS) AT LEAST HELPED A LITTLE WITHOUT ME FEELING SICK, SHE SAID I CAN'T GET THEM NO MORE AND ASK ME TO LEAVE, WITHOUT EXPLAINING MY SWOLN RIGHT KNEE OR EXPLAINING MY RIGHT SHOULDER AFTER ALL THE PAIN I TOLD HER I WAS IN? SO FEED UP ABOUT MY MEDICAL TREATMENT FOR MY KNEE AND SHOULDER PAIN AND GOING BACK AND FORTH ON 6 GANTRY (LIKE 3 FLIGHTS) OF STAIRS, BECAUSE THE DOCTOR(S) NONE OF THEM SEEM NOT TOO BE CAREING ABOUT MY DAMAGED KNEE AND SHOULDERS PAIN, I STARTED LOOKING AND TALKING TO WARDEN(S) AND COUSIN(S) AND

## IV. STATEMENT OF CLAIM ;

WHEN THEY MADE THEIR ROUNDS THRU THE CELL HOUSE'S OR IF I CAUGHT THEM GOING ON MY VISIT, I WOULD TALK DIRECTLY TOO THEM AND EXPLAIN MY SITUATION AND HOW THE MEDICAL STAFF IS IGNORING MY ISSUE(S) BUT TOO NO AVAIL. FOR EXAMPLE ; AROUND APRIL, MAY OF 2020, I TALKED TOO WARDEN WILLIAMS, WARDEN DAVID GOMEZ, HIS ASST. MS. HUNTER/TARR, AND WARDEN <sup>ASST.</sup> OSBOURNE ON MANY OCCASION(S) ABOUT THE PAIN I'M IN AND THE LACK OF MEDICAL TREATMENT, THE RESCHEDULING OVER AND OVER AGAIN - THE EXCRUCIATING PAIN - I'M IN, SHOWED <sup>THEM</sup> MY STUCK PINKY FINGER, MY SWOLLEN RIGHT KNEE, MY SHOULDER AND HOW IT WAS SWELLING AND DEFORMITY OF MY RIGHT BICEP, THEY ALL WROTE MY NAME DOWN AND LEFT ; I ALSO MENTIONED CLIMBING THOSE STEPS GOING UP TOO (6) GALLERY WITH MY SWOLLEN KNEE WHICH I LIVED AT THAT TIME IN C HOUSE "655". BUT NOTHING EVER HAPPENED OR CHANGED DURING THESE TIMES, SO I CONTINUE TOO PUT IN FOR SICK CALL COMPLAINING TOO EVERY NURSE I SEEN, LESLIE, TINA, ETC. SO TINA TOLD ME TOO WRITE A GRIEVANCE BECAUSE EVEN SHE KNEW THEY WAS DOING US BOGGISH ; AROUND JUNE / JULY 2020, THE MEDICAL DEPARTMENT SENT ME A PERMIT <sup>THRU THE MAIL</sup> LOW BUNK / LOW GALLERY TO MOVE DOWN STAIRS ON 1 OR 2 GALLERY BOTH ON GROUND LEVEL DEPENDING ON THE CELL HOUSE YOU LIVE IN, 1 GALLERY IN 6-HOUSE AND 2 GALLERY IN C HOUSE. BASICALLY MEANS THE SAME, WHICH THE SECURITY

## IV. STATEMENT OF CLAIM;

STAFF WASN'T "HONORING" OR "RESPECTING", SO I CONTINUE GOING UP AND DOWN THEM STAIRS FOR SHOWER(S) TO ROSE (commissary) ETC. FOR A COUPLE OF MONTHS, UNTIL I STARTED complain <sup>"LIEUTENANT"</sup> → TALK TO THE UNIT SERGEANT, LIEUTANT, AND OFFICER(S) ETC, AND I'M SURE GOING BACK AND FORTH UP THESE STAIRS WASN'T HELPFUL TO MY KNEE(S), ETC. BUT MOVING ALONG, SO AT THIS TIME AND NOW, I WAS IN SEVERE PAIN, EVERYTIME I MOVED MY RIGHT KNEE AND MY SHOULDER(S) AND RIGHT ARM IT HURTS LIKE HELL, AND WHEN I FELL INTO BED IT'S AND DOCTORS TELL IT FALLS ON DEAF EARS. SO AROUND SEPTEMBER OF 2020, I STARTED WRITING THE HEALTH CARE DIRECTLY AND THE WARDEN, ASST. WARDEN, AND COUNSELOR(S), "TO WHOM IT CONCERN" AND TELLING THEM ABOUT MY KNEE WAS STARTING TO GIVE OUT AND ME CLIMBING UP TO THE TOP BUNK WAS STARTING TO BE PAINFUL AND CHALLENGING AND I TOLD L.T. ANDERSON ABOUT THIS ON THE 22nd OF SEPT, 2020, AND TOLD HE WAS OPEN ON 2-4 GALLERY LOWER GALLERY(S) AND COULD HE MOVE ME DOWN STAIRS, AND HE SAID HE COULDN'T THAT WAS PLACEMENT JOB, SO I ASK COULD HE CALL PLACEMENT AND HE SAID NO! SO I STARTED COMPLAINING TO EVERYONE, EVERYDAY ON, I TALKED TO THE ACTING SERGEANT OF C-HOUSE ON SEPTEMBER 23, 2020, CAN'T RECALL HIS NAME, BUT I EXPLAINED EVERYTHING TO HIM IN DETAIL AND SHOWED HIM MY ARM, BACK, THE STIFFNESS IN MY SHOULDER, AND MORE IMPORTANTLY, THE DAMAGE TO MY RIGHT KNEE AND HOW SWOLE IT WAS BEING DONE TO MY RIGHT KNEE AND HOW BAD IT HURTED, HE TOLD ME LET HIM MAKE A FEW PHONE CALLS AND SEE WHAT HE COULD DO, NOTHING CAME OF THIS, SO THE NEXT DAY OR SO

SO ON OR AROUND SEPTEMBER 24, 2020, I SPOKE TOO ~~THE~~ <sup>"ANOTHER"</sup> ACTING SGT. OF CHOUSE, THE UNIT I BEEN LIVING IN FOR A FEW YEARS ( GOOD HOUSING UNIT ) "LOW AGGRESSION" NO PROBLEMS OR TROUBLE, ETC. AND TOLD HIM ABOUT MY MEDICAL PERMIT(S) AND HOW THEY WERE VIOLATING MY RIGHTS, NOT RESPECTING MY MEDICAL CONDITION(S) ETC.

SO HE STORMED OFF SAYING HE GOING TO TELL PLACEMENT OFFICER (SGT. MARKS) WHAT I SAID; A HOUR OR SO LATER HE CAME BACK SAYING, I'M MOVING TOO E-HOUSE THE WORST LESS HOUSE IN STATEVILLE, AND A (HIGH AGGRESSION HOUSE) THAT'S (NASTY AND VIOLENT) THEY DID THIS ON SOME (RETALIATION) STUFF, BECAUSE OF ME COMPLAINING ABOUT THEM NOT HONORING MY MEDICAL CONDITIONS(S) AND PERMITS? WHAT OTHER REASON WOULD THEY DO THIS, WHEN CELLS WERE OPEN IN (CHOUSE) AND LOWER GALLERY(S) ESPECIALLY 2 GALLERY WERE, I NEED IT TOO BE (NO STAIRS) TO CLIMB TOO GET TO MY CELL), NOT TOO MENTION ME HAVING A (LOW AGGRESSION LEVEL) THE EHOUSE CELL THEY MOVE ME TOO WIS 123; IT HAD BLACK MOLD ON THE WALL, THE WATER DIDN'T WORK, AND ROACHES, AND SPIDERS, ANT(S) ETC. WAS ALL OVER THAT CELL,

ALL BECAUSE I WANTED TO MOVE ON A LOWER GALLERY BUT TOO MY CONDITIONS AND PERMIT(S) TOO BE RESPECTED AND HONORED, TO HELP ALLEVIATE SOME OF THIS PAIN, I BEEN EXPERIENCING FOR MANY YEARS AROUND HERE. THIS BLACK MOLD IN THAT CELL IN E-HOUSE COULD HAVE CONTRIBUTED TOO MY ILLNESSES, I'M EXPERIENC-

ING RIGHT NOW ON SOMETHING UNRELATED TOO THIS LAW SUIT; (SMORTNESS OF BREATH) (HEAD ACHES) CHEST PAIN(S) (BLURRY VISION) ETC. LT. NORMAN OF EHOUSE, AND SGT/LT. MARKS CAN ATTEST TOO THE MOLD ON THE WALL, BECAUSE THEY GAVE ME SOME BLEACH AND DISINFECT TO TRY AND GET IT OFF THE WALL, PLUS I WROTE NUMEROUS GRIEVANCES, AND TALK TO MY MEDI COUNSELOR SCOTT ABOUT IT, AND HE SAID HE CAN'T DO NOTHING ABOUT HIS MOVE OR THE BLACK MOLD, BUT DOCUMENT IT ON MY GRIEVANCES, SAME ABOUT MY MEDICAL ISSUE(S), MY CURRENT COUNSELOR MS. DIXON HAS TOLD ME THE SAME THING, ABOUT MEDICAL SO I'M FORCE TOO FILE THIS LAW SUIT TOO GET ME SOMETHING MEDICAL HELP. I WROTE PLACEMENT OFFICER SGT. MS. MARKS TO MOVE BACK TOO CHOUSE ON NUMEROUS OCCASION, BUT TOO NO AVAIL, SHE NEVER WROTE ME BACK OR TELL ME SHE MOVED ME TOO (7A) BEGINS WITH WHEN SHE HAD CELL OPEN IN CHOUSE.

AFTER THE MOVE TO E-HOUSE CELL 123, ON<sup>(OR)</sup> AROUND SEPT 30, 2020 THE PLAINTIFF TALKED AGAIN WITH WARDEN RAND GOMEZ AND OTHERS ABOUT MY MEDICAL ISSUE(S) AND WHY I WAS MOVED FROM C-HOUSE OUT OF RETALIATION, ETC. HE SAID HE WAS GOING TO LOOK INTO IT, BUT NOTHING CAME OF THIS. I ALSO SHOWED MY "GOMEZ" MY SWOLLEN KNEE AND HE SAID HE WAS GOING TO TALK TOO SOMEONE FOR MEDICAL FOR ME TOO BE SEEN BUT IT WASN'T SEEN.

SAME WITH ASST. WARDEN WILLIAMS, I ACTUALLY TALKED WITH HIM SEVERAL TIMES ABOUT MY MEDICAL CONDITION AS FAR BACK AS "2019" OR "2018" AROUND JUNE/JULY OF 2018 IN THE HOSPITAL ABOUT HOW THEY WERE CANCELING AND DENYING MY MEDICAL TREATMENT, AND HOW MY ARM, SHOULDER(S) AND KNEE(S) BEEN HURTING AND HOW MY BONE(S) BEEN POPPING IN MY KNEE(S) AND HOW I PUT IN FOR SICK CALL AND THEY NEVER CALL ME, SO HE WROTE MY NAME DOWN AND TOLD ME HE WOULD GET ME TO DO SEE A DOCTOR, BUT TO NOAVAIL! I SAW HIM A FEW TIMES AFTER THAT AND TALKED WITH HIM AGAIN BUT AFTER A WHILE I JUST GAVE UP, BECAUSE I WASN'T GETTING ANYWHERE.

WARDEN OSBOURNE, I TALKED TOO HIM IN THE PRISON HOSPITAL ON NUMEROUS OCCASION AND IN THE CELL HOUSE'S ACTUALLY I JUST TALKED TOO HIM JANUARY 2022, A FEW WEEKS AGO, ABOUT THEM (PLACEMENT) MOVING ME BACK UP STAIR(S) WITH MY CURRENT KNEE PROBLEM;

## IV. STATEMENT OF CLAIM cont;

AND CURRENT HEALTH ISSUE(S) HE TOLD ME (KITCHEN FOOD SUPERVISOR) M.S. WILSON TO WRITE my NAME AND NUMBER DOWN AND SEND IT TO HIM, BUT TOO NO-AVAIL, I'M STILL ON 3 GALLERY IN D-HOUSE "1 FLIGHT OF STAIRS" I'M CURRENTLY CLIMBING. I ALSO TALKED TOO MR. OSBOURNE ON 8-17-21 AND 10-14-21 IN CEE-HOUSE and showed him my SWOLLEN KNEE DEFORMED ARM AND HOW THE HEALTH CARE BEGN NOT GIVING ME MEDICAL TREATMENT, ETC. HE SAID HE WOULD LOOK INTO IT, BUT NOTHING CHANGED. EVEN DAME TOO A CONFERENCE MEETING THEY CALLED ME TOO ON 10-25-21 AND EXPRESSED MY CURRENT MEDICAL ISSUE(S) AND THEY (THE MEDICAL) STAFF TRYED TOO EXPLAIN THESE DELAYS AND LACK OF TREATMENT WHICH DONT HELP MY "TORN ROTATOR CUFF, TORN MUSCLES, AND "BONE ON BONE" KNEE AND DEFORMED ARM/BICEP, AND PAIN I'M CURRENTLY IN, MATTER OF FACT THE LAST (2) DAYS I HAVEN'T RECEIVED MY PAPER MEDICINE "TRAMADOLS" BECAUSE THE NURSE SAID THEY RAN OUT AND DONT HAVE ANYMORE - THE CURRENT PLACEMENT OFFICER "MAHALIEK" KNOWS ABOUT MY MEDICAL CONDITION SPECIFICALLY MY "RIGHT KNEE" BECAUSE I NOT ONLY TALKED TOO HIM ABOUT IT I SHOWED HIM BACK TO "NOV/DECEMBER 2021" AND WHERE HE MOVE ME OUT OF C-HOUSE BECAUSE THE CELL FLUOOG, HE PUT ME IN D-HOUSE ON "1 GALLERY", NOW OUT OF THE BLUE HE SENDS ME UP STAIRS(S) RETALIATION, I GUESS! I CAN'T REALLY SAY FOR SURE BUT IT SURE FEELS LIKE IT, ONLY HE CAN SAY FOR SURE ...

(5) <sup>cont</sup>

## IV. STATEMENT OF CLAIM cont

IN SUM, THE PLAINTIFF HAS A TORN ROTATOR CUFF IN HIS RIGHT SHOULDER, AND BONE ON BONE ON HIS RIGHT KNEE, PLUS A TORN meniscus, that ALL OF THE ABOVE DEFENDANT'S KNEW OR SHOULD'VE KNOWN BECAUSE THE PLAINTIFF SEEN AND TALK TOO MAJORITY OF THEM FACE TO FACE, AT THE MINIMUM THE PLAINTIFF BEEN WALKING AROUND FOR ALL THIS TIME FOR AT LEAST "2017" BY 2019, EVERYONE'S DOCTOR WHO SEEN MY FILE SHOULD'VE SEEN THIS; I STILL HAVE THESE SAME MEDICAL ISSUE(S) TO THIS DAY, AND NOTHING HAS BEEN DONE ABOUT IT? MY RIGHT KNEE IS SHOT, MY RIGHT SHOULDER IS SHOT, DUE TOO SLOWBURN MEDICAL STAFF AND OTHER'S DELAYING TREATMENT FOR MY SERIOUS MEDICAL NEEDS! DUE TOO THIS COURT ORDER, I'M ONLY PROCEEDING ON (2) TWO OF MY (4) ISSUE(S) WHICH <sup>IS</sup> THE DENIAL OF THE 3RD SURGERY FROM DR. HENZIE / DR. GARCIA FOR AN ALTERNATIVE TREATMENT I NEVER RECEIVED, AND STILL IN PAIN (PINKY FINGER) SINCE "2015" AND MY

IV. STATEMENT OF CLAIM CON<sup>T</sup>

RIGHT SHOULDER TORN ROTATOR CUFF, THAT  
 NOTHING BEEN DONE FOR FOR AT LEAST 2-3  
 (IF NOT LONGER) AND  
 YEARS, SWELLING WITH MY SWELLING RIGHT KNEE  
 / TORN MUSKLES, NOTHING HAS BEEN DONE  
 FOR AT LEAST THE LAST 3-4 YEARS, THESE  
 ARE SERIOUS MEDICAL ISSUE(S) AND NOW I'M  
 AT A POINT NOW MY SHOULDER(S) AND KNEE(S)  
 CAN BE SHOT, BUT TOO MUCH DANGER FOR MY  
 TREATMENT(S) MY OTHER (2) ISSUE'S - SLEEP  
 APNEA MACHINE DENTAL, AND MY ARM DEFORMED  
 BICEP WILL BE BROUGHT IN A SEPARATE  
 COMPLAINT DUE TO THIS COURT ORDER DATED  
 DECEMBER 28, 2021. THIS COURT ALSO NOTES MY  
 ISSUE'S DATE BACK 5 YEARS OR SO, BUT PRISONER'S  
 ARE NOT ALLOW TO FILE COMPLAINT(S) WITHOUT  
 EXHAUSTING ALL OUR AVAILABLE ADMINISTRATIVE  
 REMEDIES; AND UNFORTUNATELY FOR THE PLAINTIFF  
 THIS PROCESS IS INCREDIBLY "SLOW" SOMETIMES  
 THE GRIEVANCE OFFICER HOLD'S HIS GRIEVANCE "SEVERAL"  
 YEAR'S THEMSELVES JUST TOO SAY "NO" OR NOTHING CAN  
 BE DONE ABOUT YOUR MEDICAL CONDITION(S) AND SO FORTH.

I, cont

#### IV. STATEMENT OF CLAIM cont

ALL THIS DELAY IN TREATMENT AND DENIAL OF SOME OR ALL "MEDICAL TREATMENT" IS PART OF "WEXFORD HEALTH SOURCES INC." PATTERN AND PRACTICE OF SAVING MONEY AND GIVING MEDICAL DIRECTOR(S) OF I. D. D. C. FACILITY'S A KICK-BACK OR BONUSES FOR SAVING MONEY FOR THEM. THIS IS A VERY DANGEROUS PRACTICE AND US INMATE'S HAS "DIED" AND "SUFFERED" FROM THIS UNLAWFUL ACT. I FORGOT THE RETALIATION CLAIM WHICH IS ALSO THE KNEE ISSUE; SO THIS IS THE 3RD ISSUE FOR THIS COMPLAINT IF THE COURT Allows IT; OR I COULD FILE IT WITH THE OTHER ISSUE(S), BUT THEY WILL BE UNRELATED TO THE MEDICAL ISSUES. 1 (SLEEP APNEA) ISSUE AND THE 2 (ARM/BICEP) ISSUE. SO I'M REALLY NOT SURE HOW TO PROCEED AT THIS POINT?

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes. WHEREFORE, PLAINTIFF RESPECTFULLY PRAYS THAT THIS COURT ENTER JUDGEMENT GRANTING PLAINTIFF: A DECLARATION THAT THE ACTS AND OMISSIONS DESCRIBED HEREIN VIOLATED PLAINTIFF RIGHTS UNDERS THE CONSTITUTIONS AND LAWS OF THE UNITED STATES, COMPENSATORY DAMAGES AGAINST EACH DEFENDANT, AND INJUNCTIVE RELIEF, SURGERY ON MY LEFT PINKY FOREVER (3RD) IF POSSIBLE, SURGERY ON MY RIGHT SHOULDER REPAIR MY TORN MUSCLES IN THE RIGHT KNEE AND TORN ROTATOR CUFF.

VI. The plaintiff demands that the case be tried by a jury.  YES  NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 7<sup>th</sup> day of FEBRUARY 20 22

Wendell E. Weaver  
(Signature of plaintiff or plaintiffs)

WENDELL E. WEAVER  
(Print name)

R47387  
(I.D. Number)

16830 S. BROADWAY ST. ROUTE 53  
JOLIET, IL 60434  
(Address)

Page 1

IN THE UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

WENDELL WEAVER, )  
                          )  
                          Plaintiff, )  
                          )  
                         vs.            ) 16-cv-09400  
                          )  
DR. A. MARTIJA, et. al., )  
                          )  
                         Defendants. )

The deposition of ALFONSO MEJIA, M.D.,  
called by the Defendant for examination pursuant to  
notice and pursuant to the Rules of Civil Procedure  
for the United States District Courts pertaining to  
the taking of depositions, taken before Patricia S.  
Mann, CSR, RPR, License No. 084-001853, a notary  
public in and for the County of Cook and State of  
Illinois, at Room E-270, 835 South Wolcott Avenue,  
Chicago, Illinois, on Wednesday, April 3, 2019, at  
hour of 3:15 p.m.

Reported for  
MAGNA LEGAL SERVICES, by:  
Patricia S. Mann, CSR, RPR.  
License No. 084-001853

Page 2		Page 3	
1	APPEARANCES:		INDEX
2	FOX ROTHSCHILD, L.L.P.,		Examination
3	321 North Clark Street, Suite 800,		By Ms. Sanfelippo
4	Chicago, Illinois, 60654,		4
	csanfelippo@foxrothschild.com,		By Mr. Maruna
	(312) 541-0151, by:		42
5	MS. CHRISTINA M. SANFELIPPO,		By Mr. Staley
	appeared on behalf of the Plaintiff;		47
6			
7	CASSIDAY SCHADE, L.L.P.,		Exhibits
8	222 West Adams Street, Suite 2900,		Deposition Exhibit
9	Chicago, Illinois, 60606,		No. 1
	jmaruna@cassiday.com,		6
	(312) 641-3100, by:		No. 2
10	MR. JAMES F. MARUNA,		21
	appeared on behalf of the Defendants,		No. 3
11	Dr. Martija and Dr. Obasi;		32
12			No. 4
13	OFFICE OF THE ILLINOIS ATTORNEY GENERAL,		34
14	100 West Randolph Street, 13th Floor,		No. 5
15	Chicago, Illinois, 60601,		39
	nstaley@atg.state.il.us,		No. 6
	(312) 714-3588, by:		39
16	MR. NICHOLAS S. STALEY,		*****
17	appeared on behalf of the Defendants,		
18	John Baldwin, Nicholas Lamb and Randy		
	Pfister;		
19	LAW OFFICES OF EDWARD J. KOZEL,		
20	333 South Wabash Avenue, 25th Floor,		
21	Chicago, Illinois, 60604,		
	ruwan.perera@cna.com,		
	(312) 822-5612, by:		
22	MR. RUWAN C. PERERA,		
23	appeared on behalf of the Defendant,		
	Jose Becerra.		
24	*****		
		Page 4	Page 5
1	ALFONSO MEJIA, M.D.,		killer's murder trial.
2	having been first duly sworn, was examined and		Q. Okay. Thank you. So since you've done
3	testified as follows:		this a few times already, I'll go over the rules
4	DIRECT EXAMINATION		quickly just to make sure we have a clean record.
5	BY MS. SANFELIPPO:		I'm going to ask you a series of questions and if
6	Q. Good afternoon. Could you please state		you could please allow me to finish my question
7	and spell your name for the record?		before providing the answer, that will help out the
8	A. My name is Alfonso Mejia, my last name is		Court Reporter a lot.
9	M-e-j-i-a.		Also, please try to provide verbal
10	Q. Okay. My name is Christina Sanfelippo,		responses and avoid uh-huhs or something similar
11	my firm was appointed by the Court to represent the		like that so that the Court Reporter can adequately
12	Prisoner Wendell Weaver in this matter.		transcribe your responses. If I use the wrong term,
13	Have you been deposed before?		please let me know. I'm a lawyer that doesn't do
14	A. Yes.		medical-related work, so if I get something wrong,
15	Q. How many times about?		I want to make sure the record is clear.
16	A. I do treating physician, so it's a few		And also if you at any time need a
17	times a year.		break, please feel free to let us know, I would only
18	Q. Okay. Have you given any trial		ask that you finish answering my question before we
19	testimony?		take the break, all right?
20	A. Twice.		A. Yes.
21	Q. Okay. And what were those cases?		Q. Okay. Did you review any documents in
22	A. One was a lady who broke her ankle and		preparation for today's deposition?
23	sued the City, and one was a gentleman who was		A. I scanned through the chart that was
24	assaulted and died and I was a witness at his		mailed to me, this seems to be the same as the one

<p style="text-align: center;">Page 6</p> <p>1 that was mailed to me. I found only a few pages of 2 my clinic notes, there was a lot of other material 3 in here.</p> <p>4 Q. Okay. Then we can get started talking 5 about your education, job experience. You handed 6 me your c.v., is this your current c.v.?</p> <p>7 A. More or less, yes.</p> <p>8 Q. Okay. This is the only copy that we have, 9 so I think I'll just walk through it and we can mark 10 it as an exhibit.</p> <p>11 A. Okay.</p> <p>12 Q. Okay. So it says here that you went to 13 medical school at the University of Illinois College 14 of Medicine in Chicago?</p> <p>15 A. Yes.</p> <p>16 Q. Okay. You graduated in 1990. After 17 graduation, where did you work?</p> <p>18 A. You can't really work, you have to finish 19 training. So I did my residency in orthopedics at 20 the University of Illinois, I subsequently did a 21 fellowship in hand surgery at Louisville in the 22 Kleinert Institute. I returned to Chicago in 1996. 23 I got board certified the first time in '99, I've 24 been -- I've recertified twice and I'm now an</p>	<p style="text-align: center;">Page 7</p> <p>1 examiner for the board.</p> <p>2 Q. Okay. Great. So what is your current 3 title at UIC?</p> <p>4 A. I am the Vice Head of the Department of 5 Orthopedic Surgery, I am the program director for 6 the residency. And I'm in charge of education, so 7 that includes not only our residents, but we have 8 a sports fellow that I oversee and medical students 9 that rotate with us.</p> <p>10 Q. And you're also a practicing physician?</p> <p>11 A. Yes.</p> <p>12 Q. Is that included in that title?</p> <p>13 A. So you can't teach medicine without 14 practicing.</p> <p>15 Q. Okay.</p> <p>16 A. It's not like other professions, 17 everyone who teaches medicine is practicing, 18 otherwise it's an experiential experience. So I 19 see patients in the clinic, I do surgery, I see 20 patients on the floor, I see patients in the 21 emergency room.</p> <p>22 Q. Okay. Is there any sort of classroom 23 component to your job?</p> <p>24 A. Yes. So we have a core lecture series</p>
<p style="text-align: center;">Page 8</p> <p>1 that's four hours every Wednesday -- in fact, I'll 2 be starting at four, we go 4:00 to 8:00 p.m. -- 3 and so I oversee that and I lecture in that 4 occasionally. And then we also have some journal 5 clubs that take place mostly dedicated to hand for 6 the ones I participate.</p> <p>7 Q. Okay. Can you explain for me what an 8 orthopedic surgeon does?</p> <p>9 A. Just sits around. Well, it's a physician 10 that takes care of the musculoskeletal system, so 11 we take care of bones, joints, muscles. As a hand 12 surgeon, it also tends to include nerves a lot. So 13 the reason hand is a subspecialty from orthopedics 14 is because hand structures are so tightly contingent 15 on each other, that before there was a subspecialty 16 of that, oftentimes you needed an orthopedic 17 surgeon, a neurosurgeon and a plastic surgeon to 18 take care of things.</p> <p>19 So hand surgery subspecializes in 20 taking care of all components of the hand; but the 21 orthopedic surgeons in general will take care of 22 bones, the joints, tendons, et cetera.</p> <p>23 Q. Okay.</p> <p>24 A. We basically stop at the neck, we don't</p>	<p style="text-align: center;">Page 9</p> <p>1 do any type of facial fracture or anything like 2 that.</p> <p>3 Q. Okay. So did you -- is residency where 4 you gained your specialty, is that how you get a 5 specialty?</p> <p>6 A. Yes. So when you graduate from medical 7 school, regardless of what you're going into, you 8 have to do a residency to practice in the United 9 States. So if you were going into internal 10 medicine, pediatrics, psychiatry, you'll do a 11 residency, and when you finish the residency, at 12 that point, you're eligible to practice, but then 13 you still have to go through a Board process.</p> <p>14 Q. Okay. What sort of training did you 15 receive in residency?</p> <p>16 A. Orthopedic surgery.</p> <p>17 Q. How long was the residency?</p> <p>18 A. It's five years, orthopedics is five 19 years, almost universally five years. There are 20 some programs that are six years that they have a 21 year of research, some programs are six years. If 22 they have an integrative fellowship, for example, 23 Brown, everyone does a trauma fellowship at the end 24 of it, so theirs is a little bit longer.</p>

<p style="text-align: right;">Page 10</p> <p>1       Q. Is each year in residency different, do 2       you focus on a different part of your specialty? 3       A. You have to fill rotations. So I've run 4       the residency now, I can tell you how we run it 5       now. If you ask me how mine was run, that's over 6       20 years, I really -- I couldn't give you any 7       specifics.</p> <p>8       We do rotate through different 9       specialties. For example, the way the residency is 10      run is you have an integrated intern year, they have 11      six months of orthopedics, six months of specialty 12      which is divided into two between surgery and 13      affiliated things -- so, for example, my residents 14      do vascular surgery, trauma surgery, plastic 15      surgery as their surgical components; as their 16      affiliated components, they do emergency room, 17      rehabilitation and musculoskeletal radiology.</p> <p>18      That's changed over time. When I 19      was a resident, it was mostly a general surgery 20      internship, you know, so I rotated through vascular 21      surgery, surgical oncology, pediatric surgery, 22      things like that. And then the PGY-2 to PGY-5 23      year are rotations.</p> <p>24      So the residency I run is structured</p>	<p style="text-align: right;">Page 11</p> <p>1       that you tend to repeat rotations from the PGY-2 2       year again in the four or five year so you work on 3       trauma as a junior and a senior, you work on joints 4       as a junior and senior. Some subspecialties, you'll 5       only touch on during the fourth year like sports 6       and pediatrics tends to be smattered throughout, 7       but you're going through rotations both as a junior 8       and senior to get a different experience. We had a 9       similar structure when I was a resident, but, again, 10      that's -- you know, I can't give you specific 11      rotations.</p> <p>12      Q. Okay. So specific to dislocations, what 13      sort of specialized training did you get in order 14      to be able to treat those during your residency?</p> <p>15      A. That's integral to orthopedics, fractures 16      and dislocations, we're taking care of that every 17      single day throughout the entire training and for 18      our practice, that is what we're dealing with, is 19      fractures and dislocations.</p> <p>20      Q. Okay. Prior to your residency in med 21      school, did you have any sort of experience with 22      dislocations?</p> <p>23      A. Specifically dislocations -- so when you 24      go through med school, the first two years are basic</p>
<p style="text-align: right;">Page 12</p> <p>1       science and then the second two years are clinical, 2       and so the third year tends to be core rotations, 3       general surgery, medicine, pediatrics, psychiatry, 4       OB-gyn, that has changed to some extent over 5       time.</p> <p>6       And then the fourth year tended to 7       be month-long rotations of subspecialty, so, for 8       example, I did orthopedics early on because I was 9       going to go into orthopedics and you need to have 10      had experience with orthopedics to apply through 11      the whole process.</p> <p>12      Other things that I did were 13      intensive care unit, neurology, things like that. 14      Like, again, I can't remember specifics. That's 15      changed a little bit in -- so I've been very 16      involved in education, I've been on the Council of 17      Education of the American Academy of Orthopaedic 18      Surgery, I sit on the Curriculum Committee at the 19      University, and so I was instrumental -- I redesigned 20      the fourth year for this school. So now we do 21      tracks, sort of akin to concentrations in college. 22      So we have three tracks for medical students now, 23      one track is surgical, one track is nonsurgical, 24      and one is hospital based, so that would be</p>	<p style="text-align: right;">Page 13</p> <p>1       radiology, emergency room, heme, things like that, 2       so --</p> <p>3       Q. Okay. Your specific experience.</p> <p>4       A. I rotated in orthopedics and if I saw a 5       dislocation, I can't remember, but that's -- it's 6       -- dislocations is something we take care of every 7       single day, that's what we do.</p> <p>8       Q. Okay. I guess I'm trying to understand 9       if prior to your experience and residency in any of 10      those rotations you had experience with 11      dislocations?</p> <p>12      A. I'm sure I did.</p> <p>13      Q. Okay. Can you walk me through your 14      typical process for diagnosing a patient?</p> <p>15      A. With what?</p> <p>16      Q. When you walk into a room, you don't -- 17      what is the first thing you do with your patient?</p> <p>18      A. Introduce myself.</p> <p>19      Q. Okay. What's the second thing you do?</p> <p>20      A. So it's -- you're going to take a history, 21      you're going to do a physical examination and you're 22      going to order corresponding supporting studies 23      whether that be blood work or imaging.</p> <p>24      Q. Okay. Is that process different depending</p>

<p style="text-align: center;">Page 14</p> <p>1 on what the complaint is from the patient?</p> <p>2 A. You're always going to start with a</p> <p>3 history and then you're going to do a physical</p> <p>4 examination to support that and then you're going</p> <p>5 to get supporting data through imaging. The only</p> <p>6 time it would be different -- and I'm not being</p> <p>7 flippant -- is if the patient's unconscious when I</p> <p>8 can't take a history, for example, when I take care</p> <p>9 of trauma patients, then I start with the physical</p> <p>10 and imaging.</p> <p>11 Q. Okay. So how about if you are examining</p> <p>12 a patient that has complained about a dislocation,</p> <p>13 what -- do you then take a physical examination of</p> <p>14 the patient?</p> <p>15 A. Yes.</p> <p>16 Q. Right away?</p> <p>17 A. Yes.</p> <p>18 Q. And then what is your next step after</p> <p>19 physical examination?</p> <p>20 A. If I'm suspecting a dislocation, it would</p> <p>21 be imaging and I would take an X-ray.</p> <p>22 Q. Do you take the X-rays on-site here?</p> <p>23 A. Yes.</p> <p>24 Q. And are you able to read them right away</p>	<p style="text-align: center;">Page 15</p> <p>1 or do you have to wait for the results to come back,</p> <p>2 how does that work?</p> <p>3 A. I see them right away.</p> <p>4 Q. Is there a computer monitor?</p> <p>5 A. It's a PACS System, P-A-C-S. So it's</p> <p>6 X-rays taken, it's immediately sent back to -- as</p> <p>7 soon as the image is available in the system, it's</p> <p>8 available for me to view on a computer that's</p> <p>9 designated for X-rays in our office.</p> <p>10 Q. And then when you see the image and</p> <p>11 you've identified a dislocation, what happens</p> <p>12 next?</p> <p>13 A. It depends on what kind of dislocation</p> <p>14 it is, it depends on the joint, it depends on the</p> <p>15 severity where it's something that we'll attempt a</p> <p>16 closed reduction in the office or it needs a closed</p> <p>17 reduction in the operating room or it will need an</p> <p>18 open reduction.</p> <p>19 Q. What's the difference between a closed</p> <p>20 reduction and open reduction?</p> <p>21 A. An open reduction, you're cutting the</p> <p>22 skin and getting down to the joint and manipulate</p> <p>23 it directly; where in a closed reduction, you're</p> <p>24 manipulating by moving the extremity without cutting</p>
<p style="text-align: center;">Page 16</p> <p>1 the skin.</p> <p>2 Q. If you determine that a closed reduction</p> <p>3 is needed without surgery, what is your next step?</p> <p>4 A. It depends on what joint we're talking</p> <p>5 about.</p> <p>6 Q. Okay. If it was a finger.</p> <p>7 A. We would locally anesthetize the finger</p> <p>8 and attempt a reduction.</p> <p>9 Q. And that would be shortly after</p> <p>10 diagnosing?</p> <p>11 A. Yes.</p> <p>12 Q. Okay. And what about for -- you said</p> <p>13 there was a closed reduction with surgery or --</p> <p>14 A. So, for example, let's say it's a shoulder</p> <p>15 dislocation. You know a shoulder dislocation, you</p> <p>16 can't just anesthetize locally, you can you can</p> <p>17 inject a joint with fluid, with lidocaine or</p> <p>18 Marcaine; but oftentimes if it's someone who is</p> <p>19 very muscular, that will be difficult, so you can</p> <p>20 try sedation which would be something we would do</p> <p>21 in the emergency room rather than in the office.</p> <p>22 But if I still can't get in with</p> <p>23 sedation, I need him more relaxed and he'll have to</p> <p>24 undergo general anesthesia so he has no muscle tone</p>	<p style="text-align: center;">Page 17</p> <p>1 so I can overpower him; because, basically, I have</p> <p>2 to be stronger than him to get it in. And I cheat</p> <p>3 a little bit by just tiring instead of jerking or</p> <p>4 pulling, but still in someone who is very, very</p> <p>5 muscular or depends on how it's been dislocated,</p> <p>6 I may need this person to be anesthetized and</p> <p>7 that would be a closed reduction in the operating</p> <p>8 room.</p> <p>9 Q. Okay. And so then the third option, the</p> <p>10 open reduction, can you walk us through that?</p> <p>11 A. If I still -- if you still can't get it</p> <p>12 in, you'd have to think that either, one, it's just</p> <p>13 not possible to reduce it closed because of how</p> <p>14 tight it is or that there's interposed tissue. For</p> <p>15 example, something that's common in the hand would</p> <p>16 be that some tissue gets interposed where no matter</p> <p>17 how much I pull, there's something stuck in the</p> <p>18 joint that needs to be extracted so I can reduce it</p> <p>19 and that would need to be extracted so I can reduce</p> <p>20 it, and that would need to be done in an open</p> <p>21 fashion.</p> <p>22 Q. Okay. How many times have you performed</p> <p>23 surgery over your career, if you could estimate?</p> <p>24 A. 10,000 times, 12,000 times.</p>

<p style="text-align: right;">Page 18</p> <p>1 Q. And under what circumstances -- is surgery 2 typically a last resort for you? 3 A. No. 4 Q. No? 5 A. It depends, again, on the injury. Some 6 injuries require surgery -- forgive me, the question 7 is a little bit vague. 8 Q. No, that's totally fair. I guess I'm 9 trying to figure out if there was an alternative 10 option to surgery and both options could come to 11 the same result, would you choose the nonsurgical 12 option over the surgical option? 13 A. Absolutely, if they're equivalent. 14 Q. Okay. 15 A. Obviously, nonsurgical is always 16 preferred. But when you say "last resort", some 17 things by face value, this needs surgery, it's 18 impossible to treat this closed effectively or the 19 results closed will be substandard. An example, 20 a displaced fracture of the forearm, both bones in 21 the forearm are broken in an adult, has to be 22 treated with surgery. You can treat it in a cast 23 if you can manage to line it up, but it would have 24 to be in a cast so long that they would get</p>	<p style="text-align: right;">Page 19</p> <p>1 stiffness. So that's -- the phrase is it's a 2 fracture of necessity, I see the X-ray, I know I 3 have to do surgery. 4 Q. Okay. How many interactions do you have 5 with IDOC inmates? 6 A. That's -- you know, that's -- I would say 7 probably between 100 -- 100 and 200 a year, you 8 know, it's generally a couple a week. 9 Q. And how do you come to see these inmates? 10 A. They come to the clinic. 11 Q. They come to the clinic. Is it -- are 12 you the person that schedules their appointments? 13 A. No. 14 Q. Do you know who does? 15 A. The scheduling desk. 16 Q. Okay. How does the -- do you have any 17 knowledge as to how the clinic interacts with the 18 prisons? 19 A. Not initially. The only time -- so once 20 a patient is seeing me, I will recommend how 21 frequently they need to see them -- when I see them 22 next, but I'm not scheduling for someone coming in 23 to see me. 24 Q. Okay, okay. Does the fact that someone</p>
<p style="text-align: right;">Page 20</p> <p>1 is an inmate have any sort of effect on your 2 treatment plan? 3 A. Absolutely not. 4 Q. Okay. Do you feel like your treatment 5 plans for inmates are generally followed? 6 MR. MARUNA: Objection, form, vague. 7 THE WITNESS: What do you mean specifically? 8 MS. SANFELIPPO: Q. So if you recommend a 9 treatment for an inmate, do you feel more often 10 than not that the follow-up treatment is done for 11 the inmate? 12 MR. MARUNA: Same objections. 13 MR. PERERA: Join. 14 THE WITNESS: A. It depends what we're talking 15 about. For example, I do have a perception, 16 although I could not quantify it, that it's more 17 difficult for me to get occupational therapy or 18 physical therapy for my prisoner patients than for 19 patients who can go to therapy themselves. That is 20 my impression, but I couldn't quantify that. 21 MS. SANFELIPPO: Q. Are you familiar with the 22 inmate Wendell Weaver? 23 A. Just from this chart, I don't have a 24 strong independent recollection.</p>	<p style="text-align: right;">Page 21</p> <p>1 Q. Based on your independent recollection, 2 could you tell us the last time you saw him or 3 not? 4 A. No, not without looking at the chart. 5 MS. SANFELIPPO: Okay, no problem. So I want 6 to hand you what I will mark as Exhibit 2. 7 (Deposition Exhibit Number 2 was 8 marked for identification as 9 requested.) 10 MS. SANFELIPPO: Q. I'm going to hand you 11 what's marked as Exhibit 2. Is this -- looking at 12 page 160 -- 13 A. Yes. 14 Q. Okay -- is this a note that you prepared 15 based on a visit that Wendell Weaver had with you? 16 A. Yes. When you say -- this is, I see -- 17 I see everyone, I examine everyone, I see them with 18 residents and then the resident dictates the note, 19 but then I sign the note. 20 This note was written by Chris 21 Patel, who currently is a PGY-5. He's actually our 22 education chief resident, he's a very good 23 resident. But then I go over this note and make 24 sure it's -- I agree with the body of it, but he</p>

<p style="text-align: right;">Page 22</p> <p>1 dictated it.</p> <p>2 Q. Okay. And -- but you were the attending?</p> <p>3 A. I am the attending.</p> <p>4 Q. Okay. Is this the document that either</p> <p>5 UIC or you on behalf of UIC would ordinarily and</p> <p>6 regularly maintain in the usual course of providing</p> <p>7 medical treatment to a patient?</p> <p>8 A. The medical record stays with the</p> <p>9 University, yes.</p> <p>10 Q. Okay. Is this true for all your</p> <p>11 orthopedic notes?</p> <p>12 A. What?</p> <p>13 Q. That you create a note like this.</p> <p>14 A. Well, I work at the University of</p> <p>15 Illinois, I also have -- work with residents at</p> <p>16 Weiss and I also work at NorthShore University.</p> <p>17 So there is always a note in the electronic record,</p> <p>18 but they're not always the same. For example, This</p> <p>19 system is Cerner, NorthShore uses EPIC, so they're</p> <p>20 not exactly the same.</p> <p>21 Q. So specific to UIC?</p> <p>22 A. Yes.</p> <p>23 Q. Okay. Generally, are these notes</p> <p>24 generally created at or around the time of the visit</p>	<p style="text-align: right;">Page 23</p> <p>1 with the patient?</p> <p>2 A. Usually the same day as the visit.</p> <p>3 Q. And do they generally contain all of the</p> <p>4 observations made during the patient visit?</p> <p>5 A. If that's -- that's difficult to say.</p> <p>6 They contain pertinent data, all the observations</p> <p>7 is -- that would be --</p> <p>8 Q. Very long?</p> <p>9 A. -- like the rise and fall of Rome.</p> <p>10 Q. Okay. So when it says "signed</p> <p>11 information" at the top and your name -- I'm looking</p> <p>12 on 160, "signed information, Mejia, Alfonso"?</p> <p>13 A. Yeah.</p> <p>14 Q. So that's your verification of the</p> <p>15 contents that you agree with --</p> <p>16 A. Yes.</p> <p>17 Q. Okay, perfect. So looking at this, this</p> <p>18 visit was on March 30th of 2017. Do you recall how</p> <p>19 Mr. Weaver came to see you on this date?</p> <p>20 A. No.</p> <p>21 Q. Okay. Would it help if I gave you a</p> <p>22 minute to look over the report?</p> <p>23 A. I don't understand the question how he</p> <p>24 came to see me. Like I said, I don't schedule</p>
<p style="text-align: right;">Page 24</p> <p>1 patients, and so basically he would appear on my</p> <p>2 schedule and I see everyone on the schedule, but</p> <p>3 I don't initiate his coming to the clinic.</p> <p>4 Q. Okay. Can you tell me about the</p> <p>5 examination of Mr. Weaver on March 30th with respect</p> <p>6 to his left pinky finger?</p> <p>7 A. So his left small finger was tender, both</p> <p>8 at the tip and middle of it. The DIP joint is the</p> <p>9 tip -- closest to the tip and the PIP joint is the</p> <p>10 joint in the middle. He had at the DIP about 30</p> <p>11 degrees of motion and the PIP was stuck in flexion</p> <p>12 about 20 degrees, but had almost no motion. His</p> <p>13 sensation was intact and there was good blood flow</p> <p>14 to the finger.</p> <p>15 Q. Okay. And did he report to you that</p> <p>16 there was previously a dislocation at the PIP</p> <p>17 joint?</p> <p>18 A. He said he had sustained it during</p> <p>19 basketball.</p> <p>20 Q. Okay. So in the surgical history note,</p> <p>21 is that something that you rely on the patient to</p> <p>22 share with you or do you get that information from</p> <p>23 somewhere else?</p> <p>24 A. You said surgical history note?</p>	<p style="text-align: right;">Page 25</p> <p>1 Q. I'm looking at the bottom of 160, it says</p> <p>2 "past surgical history".</p> <p>3 A. Yes, we rely on the patient.</p> <p>4 Q. Okay. Does this type -- does the</p> <p>5 dislocation of the PIP joint in your experience</p> <p>6 always require or often require surgery to repair?</p> <p>7 A. Almost nothing in medicine is always. As</p> <p>8 far as how often it requires repair, I would say a</p> <p>9 significant number require surgery.</p> <p>10 Q. Okay.</p> <p>11 A. By the way, where it says "past surgical</p> <p>12 history", there's a typo, it says "left small finger</p> <p>13 DIP reduction repair", that's PIP, so that's a typo,</p> <p>14 that should be PIP instead of DIP.</p> <p>15 Q. Okay. How often have you performed this</p> <p>16 procedure, the PIP reduction and repair?</p> <p>17 A. I don't know, I probably do -- they come</p> <p>18 in waves. Probably do like half a dozen a year, so</p> <p>19 probably -- over the course of my career, probably</p> <p>20 about 120, something like that. That's a rough</p> <p>21 estimate.</p> <p>22 Q. Okay. And how often have you seen a</p> <p>23 dislocation of this nature?</p> <p>24 A. Probably three times that, you know.</p>

<p style="text-align: right;">Page 26</p> <p>1       Q. Three times that, okay.    2       A. Yeah.    3       Q. So it looks like on the next page there    4       was also a note about imaging towards the bottom of    5       161?    6       A. Yes.    7       Q. So is it fair to say that the X-rays were    8       taken on this date, 3-30?    9       A. Yes.    10      Q. Okay. Did you review the X-rays?    11      A. Yes.    12      Q. Can you tell us about your observations?    13      A. So there was arthritis of the PIP joint,    14       there were some suture anchors in place in the base    15       of the middle phalanx and this note says it's    16       malunion of the volar plate as appreciated, but    17       malunion would imply that it's a fracture and I    18       think that there can be some overgrowth of bone    19       there. I did take a look at his X-rays just so I    20       could refresh my mind, I saw the X-ray from this    21       date earlier today.    22      Q. Okay. And so can we – can you explain    23       "suture anchor" to me?    24      A. So sometimes you want to anchor a soft</p>	<p style="text-align: right;">Page 27</p> <p>1       tissue to a bone whether it be to a volar plate    2       like this nature or a ligament, and there's small    3       screws that you can screw into the bone that have    4       an eyelet at the trailing end and have suture that    5       then you can use to attach soft tissue to the    6       bone.    7       Q. Okay. And is it common that you need to    8       use those suture anchors in fingers?    9       A. Well, you said "need to". There's a lot    10       of different ways to do things.    11       Q. Okay.    12       A. So there's advantages and disadvantages    13       to everything. I tend to -- I don't do this surgery    14       with suture anchors. That's not because there's    15       something wrong with a suture anchor, but it's my    16       preference -- because he does have two suture    17       anchors, by the way, and they're small. And that    18       is a small amount of real estate and you can    19       actually fracture into the joint or fracture a    20       bone. So I prefer to drill with a needle and    21       attach through the bone on top, tying it on top.    22       So it's a similar mechanism, but I don't use suture    23       anchors for this, I do do them routinely for other    24       things.</p>
<p style="text-align: right;">Page 28</p> <p>1       Q. Okay. Can you explain the malunion, you    2       said that might be a reference to bony material?    3       A. So when you look at the joint, you know,    4       joints should lie like spoons in a drawer, nestled.    5       And when you look at the middle phalanx which is    6       the middle bone in the finger closer to the tip as    7       far as this joint -- excuse me.    8       (After a brief interruption, the    9       deposition was resumed as follows:    10      THE WITNESS: A. so the middle phalanx is    11       closer to the PIP and the proximal phalanx is up    12       on the other side of the joint. The proximal    13       phalanx is sort of like the end of a sphere and    14       that's cupped by the base of the middle phalanx.    15       If you look at his X-ray from that day, this seems    16       to be opened up more, it's more flattened, the    17       curvature is a little bit less deep and that can be    18       from the way it's healing, the injury or just that    19       he grew a little extra bone spur that makes it look    20       like that.    21      MS. SANFELIPPO: Q. Okay. And what were your    22       conclusions from your reading of the image?    23      A. Well, the principle thing I'm looking    24       for on the image is to see if the joint is reduced,</p>	<p style="text-align: right;">Page 29</p> <p>1       which it is. One reason he can have stiffness is if    2       the joint is not reduced. If it's not reduced, it's    3       going to be stepped off and then he can't glide    4       around, he'll hinge, so that leads to a lot of    5       stiffness. So I was trying to see if that was the    6       problem. If that was the problem, that's something    7       we can try to address. If that is not the problem    8       and he's as stiff as he is, there's some releases we    9       can do, but it's unlikely he's going to get much    10       motion in his joint.    11       Q. Okay. Can you tell me what your diagnosis    12       was on this visit?    13       A. So for the left small finger, he was    14       status post dislocation with some arthritis and a    15       stiff -- post-traumatic stiffness. So we discussed    16       with him that he really had two options, he can try    17       some therapy to see if that would improve motion or    18       we felt the most reliable thing as far as if he had    19       a lot of pain would be to fuse it. Fusing does two    20       things, one, if he's having pain when it's attempted    21       to move, it can take that away, and also it can    22       place it in a more functional position.    23       If I recall his X-ray, he's pretty    24       extended, he's pretty straight and that's not a</p>

<p style="text-align: right;">Page 30</p> <p>1 great position for fusion or for stiffness of that    2 finger. We tend to put in a little bit of arc, you    3 know, your resting posture is an arcade. So    4 starting from the index finger and working your way    5 to the small finger, if you do fuse it, you place    6 it in increasing amounts of flexion because that    7 reproduces more of a normal grip.</p> <p>8 Q. Okay. Can you walk me through what    9 observations factored into your diagnosis of    10 post-traumatic arthritis?</p> <p>11 A. The way the X-ray looked. You'll have    12 some degree of loss of joint space coupled with the    13 fact that we know he had a dislocation.</p> <p>14 Q. Any other observations?</p> <p>15 A. Not really.</p> <p>16 Q. Okay. How common is it for a 42-year-old    17 to have that form of arthritis in his finger?</p> <p>18 A. Age has nothing to do with this, this is    19 post-traumatic, so it has to do with his injury,    20 it's not degenerative joint disease --</p> <p>21 Q. Okay.</p> <p>22 A. -- which is wear-and-tear arthritis of    23 old age.</p> <p>24 Q. Is it common for people to have that sort</p>	<p style="text-align: right;">Page 31</p> <p>1 of arthritis after a trauma?</p> <p>2 A. Anytime you have an injury to a joint,    3 you can have arthritis and that's variable and    4 sometimes it's symptomatic and sometimes it's not.</p> <p>5 Q. Can you explain that?</p> <p>6 A. For example, if you look at distal radius    7 fractures, fractures of the wrist, oftentimes they    8 go into the joint. When a fracture goes into the    9 joint, it will disrupt the cartilage and so    10 oftentimes it's -- even if it's relatively well    11 aligned on X-ray, there can be a little bit of    12 unevenness, the cartilage will wear unevenly which    13 is what arthritis is.</p> <p>14 But in the wrist, even though a large    15 number of people -- and the fingers to some extent    16 would be the same -- a large number of people can    17 have changes you can see on X-ray, they're not    18 necessarily painful. Certainly not as much as they    19 would be in a knee or hip because these are weight-    20 bearing joints.</p> <p>21 Q. Okay. So, ultimately, I believe was it    22 Mr. Weaver that chose to proceed with therapy?</p> <p>23 A. I think we've been focusing on his left    24 small finger, but I think he had -- his right index</p>
<p style="text-align: right;">Page 32</p> <p>1 finger was bothering him, so we proceeded with    2 focusing on treating that because that was a more    3 addressable problem.</p> <p>4 Q. There was a cyst on the right finger --</p> <p>5 A. Yes.</p> <p>6 Q. -- correct. And I believe you removed    7 it?</p> <p>8 A. Yes.</p> <p>9 MS. SANFELIPPO: Okay. Then why don't we move    10 on to the next -- I'm going to hand you what I'll    11 ask the Court Reporter to mark as Exhibit 3.    12 (Deposition Exhibit Number 3 was    13 marked for identification as    14 requested.)</p> <p>15 MS. SANFELIPPO: Q. Okay. Should be page    16 152.</p> <p>17 A. Uh-huh.</p> <p>18 Q. Okay. Is this -- is this an orthopedic    19 note prepared based on a visit that Wendell Weaver    20 had with you on December 14th of 2017?</p> <p>21 A. Yes.</p> <p>22 Q. Okay. Can you tell me about your    23 examination of Mr. Weaver on this date?</p> <p>24 A. Well, he was here mostly for a post-op</p>	<p style="text-align: right;">Page 33</p> <p>1 for having the index finger mass excision and that    2 was doing well. As far as his left small finger,    3 we felt that he had arthritis, it was unlikely we    4 could increase his motion and we recommended a    5 fusion and he didn't want to do that. So we gave    6 him a follow-up as-needed appointment as far as the    7 fusion.</p> <p>8 Q. I'm sorry, what page are you looking at?</p> <p>9 A. 153.</p> <p>10 Q. Okay. And there's also a note for    11 imaging. Do you know if new X-rays were taken on    12 this date or did you review old ones?</p> <p>13 A. This sounds like it's the old ones.</p> <p>14 Q. Okay. So why did you -- can we go over    15 what caused you to suggest that treatment plan on    16 this date?</p> <p>17 A. As far as fusion?</p> <p>18 Q. Yes.</p> <p>19 A. He has arthritis of his joint and the PIP    20 joint doesn't do well as far as -- if the complaint    21 is stiffness, for some joints, you can do some    22 releases, you can release scar tissue, you can    23 release capsule. That's true of the neighboring    24 joint, the MCP joint which is the knuckle joint,</p>

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<p>1 that does very well with that, the PIP doesn't.    2 So if he doesn't have motion, he has    3 a painful joint and we can't improve motion, the way    4 to get rid of that pain would be to fuse it in a    5 more functional position.    6 Q. Okay. Then I just want to make sure    7 there's nothing else that I want to ask you on this    8 page.    9 Is there anything in your notes to    10 suggest that there was a change in his condition    11 between this date and the last note that we just    12 discussed, that was about nine months older?    13 A. As far as his finger?    14 Q. Yes.    15 A. No, I don't think so.    16 MS. SANFELIPPO: Okay. Okay. Then I'm going    17 to move on to the next one. I'm going to ask the    18 Court Reporter to mark this as Exhibit 4.    19 (Deposition Exhibit Number 4 was    20 marked for identification as    21 requested.)    22 MS. SANFELIPPO: Q. Okay. This should be page    23 144. Starting off, is this an orthopedic note that    24 you prepared based on a visit with Wendell Weaver</p>	<p>1 on November 1st of 2018?    2 A. No, this is a nursing note.    3 Q. Oh, I'm sorry. Can you flip to page 146,    4 it's in that packet that I handed you.    5 MR. MARUNA: I don't think you've got 144 and    6 145.    7 MS. SANFELIPPO: I'm not sure why she made the    8 copies this way. Okay -- so you have 144, 145,    9 here's 146, 147, 148. And here's these as well.    10 So that should be -- so that should be all part of    11 the same exhibit.    12 THE WITNESS: Okay.    13 MS. SANFELIPPO: It should be one, two, three,    14 four, five pages.    15 MR. STALEY: So 43 through 48?    16 MS. SANFELIPPO: No, actually, 43 will be    17 another exhibit.    18 MR. MARUNA: Okay, 144 through 148 is Exhibit    19 4?    20 MS. SANFELIPPO: Yes.    21 Q. So if you could look at page 146. Is    22 this your orthopedic note?    23 A. Yes.    24 Q. Okay. Can you tell me about your</p>
<p style="text-align: center;">Page 36</p> <p>1 examination of Mr. Weaver on this date?    2 A. So he still had a very stiff finger. He    3 had good motion at the knuckle, the MCP joint, but    4 he doesn't have very good motion and we discussed --    5 he was still having pain and stiffness and certainly    6 a stiff joint is a painful joint. We had talked    7 about therapy, we had talked about fusion. He    8 didn't want those. He wanted to try to attempt to    9 obtain some motion, so we talked about attempting    10 the capsular release and tenolysis or freeing up    11 the tendons surrounding. But we explained to him    12 that the amount of motion gained might be so limited    13 that we might need to proceed with articular fusion.    14 So certainly the most reliable thing for him would    15 be a fusion and that's what we discussed several    16 times.    17 Q. Okay.    18 A. But, obviously, he has autonomy, if he    19 doesn't want to have a fusion and he wants to try    20 something short of that, we can try the tenolysis,    21 but we discussed with him that he'll be lucky if he    22 gets a lot of motion here.    23 Q. Okay. Going back to the observations,    24 the physical examination section, you noted mild</p>	<p style="text-align: center;">Page 37</p> <p>1 swelling over the MCP joint on the left finger,    2 page 147.    3 A. Uh-huh.    4 Q. Can you explain that?    5 A. He has -- the rest of the finger is stiff,    6 this joint may take up more stress than usual than    7 a normal hand.    8 Q. Okay. Just so to explain it in laymen's    9 terms, because one joint can't do much, the other    10 one is overcompensating, is that fair?    11 A. To some extent.    12 Q. Okay. And then did the rest of the    13 physical examination change much from the last    14 time you had seen him about a year prior to your    15 knowledge?    16 A. It doesn't seem so. The tip of his finger    17 seems more stiff than previously, so I think the    18 finger is stiffer than it was before.    19 Q. All right. What about the range of    20 motion, what did you observe?    21 A. The range of motion, that's what I mean    22 by stiffer, the range of motion is less and that's    23 what means he's stiffer.    24 Q. So what was your diagnosis on this date?</p>

<p style="text-align: right;">Page 38</p> <p>1       A. He has degenerative changes and post- 2       traumatic stiffness after a finger dislocation. 3       Q. Okay. So that was the same as it was 4       previously or did it change at all? 5       A. No, it's the same. 6       Q. Okay. I don't believe there was any 7       images reviewed at this session with Mr. Weaver, so 8       can you just summarize for me what observations 9       factored into the diagnosis? 10      A. Well, we know his history, we know he 11     dislocated his finger. It's been stiff now for 12     years, so we've offered him fusion and he doesn't 13     want fusion, but he continues to say it's painful, 14     so we're offering an attempt at loosening it up, 15     although it's not likely to be that effective. 16      Q. Okay. So you did ultimately, though, 17     schedule a surgery for Mr. Weaver? 18      A. It was attempted to schedule it says here, 19     I'm not sure if we were -- I'm not sure why it says 20     "tentative". Tentative date is December 7th 21     scheduled for day of surgery. 22      MS. SANFELIPPO: Okay. I think we're all set 23     with that exhibit then. I accidentally already 24     gave you the last one, it's 143 -- it should be</p>	<p style="text-align: right;">Page 39</p> <p>1       after the last page. 2       THE WITNESS: I have 144, 145, 146, 147 and 3       148. 4       MR. STALEY: Is that the end of the last 5       exhibit that starts with 146? 6       MS. SANFELIPPO: Do you guys have -- 7       MR. MARUNA: Yeah, I have it. 8       MS. SANFELIPPO: So she can just mark it as an 9       exhibit. 10      (Deposition Exhibit Numbers 5 and 6 11     were marked for identification as 12     requested.) 13      MS. SANFELIPPO: Q. Okay. Now, I know this 14     isn't your note exactly, it's an RN note, but are 15     you familiar with this document at all? 16      A. I've never seen this specifically, but 17     I can tell what it is, Lorna is our surgical 18     scheduler. 19      Q. Okay. And what does the note say? 20      A. "This writer received a message from 21     Stateville stating that the capsular release is 22     denied for this patient, to please cancel the 23     surgery. He would be treated on-site." 24      Q. Do you have any knowledge as to whether</p>
<p style="text-align: right;">Page 40</p> <p>1       or what sort of on-site treatment Mr. Weaver was to 2       receive? 3       A. No. 4       Q. Okay. Were you contacted directly about 5       the fact that the surgery was scheduled -- that you 6       had scheduled was cancelled? 7       A. They would have -- it would have appeared 8       on surgical scheduling as him being cancelled, but 9       I did not see this particular sentence before. 10      Q. Okay. Can you recall any other instances 11     of inmates that you had scheduled to undergo 12     surgery, that that surgery had subsequently been 13     cancelled? 14      A. Yes. 15      Q. Do you know about how many? 16      A. No. 17      Q. Okay. Did you at the end of all of your 18     treatments with Mr. Weaver send copies of your notes 19     back with him to the prison? 20      A. There's a form that comes with them that 21     we fill out as far as what our intentions and plan 22     is. So, for example, from the previous visit, it 23     would have been that we were planning on doing this 24     particular surgery. It's a form that gets filled</p>	<p style="text-align: right;">Page 41</p> <p>1       out and then handed back to them and the guards 2       take it back. 3       Q. Okay. So, ultimately, did you -- I know 4       that we talked about patient autonomy and Mr. Weaver 5       was not interested in having his finger fused, but 6       would you have proceeded with the release had there 7       been no way it would help him in any way? 8       MR. MARUNA: Objection, form of the question, 9       vague. 10      THE WITNESS: A. So as we discussed in the 11     note, the expectation of gains here is pretty 12     limited for capsular release, especially for a 13     small finger. This is a bad joint as far as doing 14     a capsular release and it's a bad finger. When we 15     have rest every day, the small finger is in a 16     pre-flexed posture, you're not moving it, it's easy 17     to bypass it. 18      So, for example, I would be -- the 19     PIP is always going to be a problem. I was more 20     confident that he's going to get significant motion 21     of an index finger, it's easier to focus on using 22     that and manipulating it than the pinky that it 23     really to some extent sort of like be ignored in 24     most manipulation. So expectations for me for a</p>

<p style="text-align: right;">Page 42</p> <p>1 capsular release with him were pretty limited.    2 MS. SANFELIPPO: Okay. Then I think I'm all    3 done with my questions, if anyone else has any.    4 MR. MARUNA: Yeah, I'm going to have just --    5 actually when I say a few, I actually do mean a few    6 for the first time in my life.    7 I introduced myself earlier, I    8 represent the late Dr. Obasi and Dr. Martija in    9 this case. Thank you for your time again today,    10 Doctor.</p> <p style="text-align: center;">EXAMINATION</p> <p>11 BY MR. MARUNA:</p> <p>12 Q. You used the term post-traumatic    13 arthritis. I just want to be clear, what causes    14 post-traumatic arthritis in a finger dislocation?</p> <p>15 A. It can be any number of things, it can be    16 the initial injury, it can be a step-off if there's    17 a fracture associated with it, it can be    18 inflammation or infection if it's an open    19 dislocation.</p> <p>20 Q. And the idea is once that occurs, then    21 you're going to develop some sort of arthritis in    22 the joint, correct?</p> <p>23 A. Once what occurs?</p>	<p>1 Q. Sure. Once there's trauma to the joint,    2 there's going to be development of post-traumatic    3 arthritis, correct?</p> <p>4 A. Not always. It's certainly more    5 frequently once you've had injury, but not everyone    6 who has a dislocation is going to get arthritis.</p> <p>7 Q. This patient, though, does demonstrate    8 post-traumatic arthritis, correct?</p> <p>9 A. Yes.</p> <p>10 Q. It's not degenerative arthritis or DJD,    11 correct?</p> <p>12 A. That's correct.</p> <p>13 Q. Now, I just want to be clear on a couple    14 questions here. These may seem very basic, so just    15 bear with me here.</p> <p>16 We discussed X-rays inside the    17 hospital. When you as the orthopedic surgeon put    18 an order in for an X-ray, do you wheel the patient    19 down to imaging and stick him in the X-ray    20 machine?</p> <p>21 A. No.</p> <p>22 Q. Does someone else do that?</p> <p>23 A. Most of my patients are ambulatory, so    24 no one is being wheeled, they're walking over.</p>
<p style="text-align: right;">Page 44</p> <p>1 Specifically with a prisoner, when they come in, if    2 we are getting new X-rays, the guards escort them    3 over.</p> <p>4 Q. My point is, I guess, as the physician    5 ordering the imaging, you don't actually carry out    6 the logistics of securing the image, someone else    7 down the line in the medical system here at UIC    8 does that, correct?</p> <p>9 A. For the most part. So if I'm ordering a    10 formal X-ray, yes. We also have a fluoroscan in    11 our office which, obviously, we have it because    12 we're orthopedics and most offices wouldn't. In    13 the fluoroscan, I am taking the image myself.</p> <p>14 Q. Let's assume a regular plain X-ray of a    15 finger, for example.</p> <p>16 A. I'm ordering it and they're going to    17 X-ray, and I'm not putting them in the machine.</p> <p>18 Q. And your expectation then as the doctor    19 would be that your order is carried out, correct?</p> <p>20 A. Yes.</p> <p>21 Q. And if there's something wrong with    22 securing that X-ray, you would expect someone to    23 notify you there was a problem, correct?</p> <p>24 A. Yes.</p>	<p style="text-align: right;">Page 45</p> <p>1 Q. You don't walk down to the X-ray and say,    2 hey, guys, did you X-ray Patient Smith today, do    3 you?</p> <p>4 A. The way you phrased the question, if I'm    5 in the clinic and I just sent you to X-ray and you    6 haven't come back, I will go over and ask what's    7 the problem, why haven't you returned to my office.    8 Because I'm sending you to X-ray -- I'm sending you    9 to X-ray one of two ways, I'm sending you to X-ray    10 and you need to return so I can see the X-ray that    11 way, or I'm sending you for X-rays on the way out,    12 and that means you're going to X-ray and then you're    13 leaving.</p> <p>14 So, for example, if I'm treating    15 some kind of wear-and-tear arthritis and I want --    16 I've decided to do surgery, we're going to do    17 surgery regardless, but I want new X-rays for the    18 surgical date, I might complete the surgical packet,    19 send you to X-ray to get X-rays on the way out that    20 then will be available for me in the computer on    21 the day of surgery. But if I'm treating a fracture,    22 generally I'm sending you to X-ray and waiting for    23 you to come back. If you don't come back, then I'll    24 go find out what happened because sometimes people</p>

<p>1 have misunderstood and left from X-ray.  2 Q. But the expectation is when you put in  3 an order for an X-ray, you expect the people in  4 the imaging department to provide that X-ray,  5 correct?  6 A. Yes.  7 Q. And I also want to ask about medications  8 as well.  9 When you place an order for a  10 medication for a patient, let's assume they're  11 in-patient in this case, that they're in the  12 hospital, do you physically hand the medication to  13 the patient or does someone in the pharmacy or  14 medical technician handle that?  15 A. I don't give anyone medication directly.  16 Q. And, again, your expectation would be when  17 you put in a medical order, that it's carried out,  18 correct?  19 A. Yes.  20 MR. MARUNA: Nothing further. Thank you for  21 your time.  22 MR. STALEY: I just have this one question.  23  24</p>	<p>Page 46</p> <p>1 EXAMINATION  2 BY MR. STALEY:  3 Q. The capsular release that was -- surgery  4 that was scheduled, that wasn't a medically  5 necessary treatment, was it?  6 A. Well, if it wasn't medically necessary,  7 we wouldn't do anything. We're giving him an  8 option like we talked about, he's having pain, he  9 wants more motion, we can't really resolve these  10 two because of this, so I do think it is medically  11 necessary.  12 Q. There were alternative treatments  13 available that you could have done, though?  14 A. The fusion.  15 MR. STALEY: All right. Nothing further.  16 MR. PERERA: No questions.  17 MS. SANFELIPPO: Thank you very much, Doctor.  18 THE WITNESS: Waive signature.  19 * * * * *  20  21  22  23  24</p> <p>Page 47</p>
<p>1 STATE OF ILLINOIS )  2 ) SS  3 COUNTY OF COOK )  4  5 I, PATRICIA S. MANN, CSR, RPR, a certified  6 shorthand reporter in the State of Illinois, do  7 hereby certify that ALFONSO MEJIA, M.D., was by me  8 first duly sworn to testify to the truth, and that  9 the above matter was recorded stenographically by me  10 and reduced to writing by me.  11  12 I FURTHER CERTIFY that the foregoing transcript  13 of the said matter is a true, correct and complete  14 transcript of the testimony given by the said  15 witness at the time and place specified herein  16 before.  17  18 I FURTHER CERTIFY that I am not a relative or  19 employee of any of the parties, nor a relative or  20 employee of the attorneys of record or financially  21 interested directly or indirectly in this action.  22  23 IN WITNESS WHEREOF, I have hereunto set my hand  24 and affixed my seal of office at Chicago, Illinois,  this 20th day of April, 2019.</p> <p>21  22  23  24</p> <p><i>Patricia S. Mann</i>  Certified Shorthand Reporter  License No. 084-001833</p>	<p>Page 48</p>

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**CURRIVULUM VITAE**  
**ALFONSO MEJIA, MD-MPH**

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**PERSONAL**

Birth date: February 3, 1964  
Citizenship: United States

**PROFESSIONAL TRAINING**

Kleinert Hand and Microsurgery Fellowship  
Hand Surgery Fellowship  
Thomas Wolff, MD, Fellowship Director  
August 1, 1995 to September 30, 1996

University of Illinois Orthopaedic Surgery Program  
Orthopaedic Surgery Residency  
Riad Barmada, MD, Chairman  
July 1, 1990 to June 30, 1995

**EDUCATION**

University of Illinois College of Medicine, Chicago, Illinois  
M.D. Degree, June 1990

University of Illinois School of Public Health, Chicago, Illinois  
M.P.H. in Epidemiology, September 1990

University of Michigan  
Ann Arbor, Michigan  
B.S. in Cellular and Molecular Biology, Microbiology, May 1986

**BOARD CERTIFICATION**

Recertification Combined Orthopaedic Surgery & Certificate of Added  
Qualification in Hand Surgery September 2017

Recertification Combined Orthopaedic Surgery & Certificate of Added  
Qualification in Hand Surgery September 2009

Certificate of Added Qualification in Hand Surgery; August 2000  
Board Certified in Orthopaedic Surgery; July 1999  
Diplomate of the National Board of Medical Examiners; 1991

## ACADEMIC AFFILIATIONS

Associate Professor of Clinical Orthopedic Surgery  
University of Illinois at Chicago  
August 2014 to Present

Assistant Professor of Clinical Orthopedic Surgery  
University of Illinois at Chicago  
January 2002 to August 2014

Assistant Clinical Professor of Orthopedic Surgery  
University of Illinois at Chicago  
June 1998 to December 2001

Senior Attending Physician, Cook County Hospital, Department of Surgery,  
Division of Orthopaedic Surgery, March 1998 to October 2000; September 2005  
to September 2010

## PRESENTATIONS

### Edit

Alfonso Mejia, Gautam Malhotra, James Heaberlin, Mohammed Saad Malik,  
Sapan H. Shah, Dan Rybalko. Local Flaps of the Hand. AAOS Orthopaedic Video  
Theater. 2018

Hand and Elbow Injuries. Complex Distal Radius Fractures-New Innovations, 19th  
Annual Chicago Trauma Symposium, August 17, 2018.

AAOS Annual Meeting Medical Students' Program, Friday, March 9, 2018, Morial  
Convention Center, New Orleans, LA.

AAOS Annual Meeting, March 2018, Morial Convention Center, New Orleans, LA.

The Anesthetic Effectiveness of J-Tip Needle Free Injection System Prior to  
Trigger Finger Injection: A Double Blinded, Randomized Clinical Trial  
Kush P, Kyle McGillis, Mejia A  
72<sup>nd</sup> ASSH Annual Meeting  
San Francisco September 7-9, 2017

Complex Distal Radius Fractures – New Innovations  
MEJIA, A  
18<sup>th</sup> Annual Chicago Trauma Symposium  
July 7<sup>th</sup> 2017

Influence of Carpal Tunnel Pressure on Finger Kinematics: A Biomechanical  
Study. Farid Amrouche, Giovanni F. Solitro, Olivia Wang, Livia Bänninger, Kyle  
MacGillis, Mark Gonzalez, Alfonso Mejia  
Orthopedic Research Society 2017 Annual meeting.

In Vivo Finger Abduction Comparison of Flexed and Extended Wrist and  
Metacarpophalangeal Joints  
ePoster presentation

Macgillis K, Le J, Rybalko D, Mejia A  
71<sup>st</sup> Annual Meeting of the ASSH  
September 29 October 1 2016  
Austin Texas

Carpal Disaster: Damage Control and Solutions An Update  
Mejia, A  
17<sup>th</sup> Annual Chicago Trauma Symposium  
Chicago, Illinois  
August 18<sup>th</sup>, 2016

Shifting patterns of childhood injury: identifying those at risk as a step toward the next wave of intervention Danikowicz R, Beck E Mejia A. American Orthopaedic Association National Conference Seattle WA. June 2016

Hand Surgery Emergent and Urgent Conditions for the Primary Care Physician. Presentation A Mejia. 2016 Midwest Clinical Conference Chicago  
May 21 2016

Predictors of Radial Nerve Position on the Humerus: An MRI-Based Anatomical Study Poster Presentation Wang O, Mejia A. American Association for Hand Surgery Annual Meeting Jan 2016 Scottsdale Arizona.

Communicating with the Linguistically Different Patient: effective strategies and techniques to optimize care Podium Presentation. Bridging the Gap Emerging Health Issues in Underrepresented Minorities Mejia A. Chicago, Illinois  
September 21, 2015

Child Abuse: An Orthopedic Approach. University of Illinois Orthopedic Surgery Grand Rounds August 9, 2015

Anatomical MRI Study of the Radial Nerve Aranda C, Wang O, Moretti V, Mejia, A, Mason B National Medical Association Annual Meeting Detroit MI  
August 1 2015

Hand Embryology: Processes and Aberrations University of Illinois Orthopedic Surgery Grand Rounds July 25, 2015

Assessment of Tendon Graft Rings for A2 and A4 Hand Pulley Reconstruction Soulil L, Gonzalez M, Mejia A, Amirouche F, Soltro GF, Weisburger M

Podium Presentation  
ASSH 70<sup>th</sup> Annual Meeting  
Seattle, WA  
September 11, 2015

Total Knee Arthroplasty in the Medicaid Population  
Mossad D, Schwartz B, Schwartz A, Moretti V and and Mejia A  
AAOS Annual Meeting  
Las Vegas, Nevada

March 24-28, 2015

Orthopedics-Foot Disorders  
Geriatric Updates and Board Review 2014  
Mejia, A  
University of Illinois at Chicago  
Saturday October, 25,2014

Carpal Disaster: Damage Control and Solutions Mejia, A  
16<sup>th</sup> Annual Chicago Trauma Symposium Chicago, Illinois  
September 4<sup>th</sup>, 2014

Sub-Acute Scapholunate Injuries: Reconstruction Mejia, A  
16<sup>th</sup> Annual Chicago Trauma Symposium Chicago, Illinois  
September 4<sup>th</sup>, 2014

Flexor and Extensor Tendon Injuries of the Hand  
University of Illinois Orthopedic Surgery Residency Lecture Mejia, A  
University of Illinois Wednesday July 23, 2014 Chicago, Illinois

Radiation Exposure to the Orthopaedic surgeon and Efficacy of a Novel  
Radiation Attenuation Product. Mayekar E and Mejia A. Southern Orthopaedic  
Association Annual Meeting Beaver Creek Colorado. July 19, 2014

Tendon Transfers for Radial Nerve Palsy Mejia, A. University of Illinois  
Orthopedic Surgery Grand Rounds. April 26, 2014

Distribution and Growth of Orthopedic Residency Positions in the United States  
Moretti V, Mejia A, Mid America Orthopedic Association 32<sup>nd</sup> Annual Meeting  
San Antonio, Texas, April 23-27, 2014

Flexor Tendon Reconstruction: an Update A Mejia. University of Illinois  
Orthopedic Surgery Grand Rounds April 5, 2014.

Informed Consent a Case-Based Perspective. University of Illinois Orthopedic  
Surgery Residency Program, March 19, 2014.

Evaluation of A2 and A4 hand pulley reconstruction using tendon graft rings.  
Amirouche F, Soulil L, Gonzalez M, Solitro G, Mejia A, Weisburger M.  
OMTEC, Chicago, IL, 2013.

Metacarpal & Phalangeal Fractures-New Plating Techniques Mejia, A  
15<sup>th</sup> Annual Chicago Trauma Symposium August 1, 2013.

Olecranon Fracture Fixation Mejia, A. 15<sup>th</sup> Annual Chicago Trauma Symposium  
August 1, 2013.

Radial Head Replacement in Complex Radial Head Fractures Mejia, A  
15<sup>th</sup> Annual Chicago Trauma Symposium. August 1, 2013.

The Effect on Pullout Strength after Reinsertion of Non Self Tapping Screws in

Synthetic Bone. Ozuode G, Amrouche F, Mejia A. University of Illinois Senior Resident Thesis Presentation. University of Illinois at Chicago. June 22, 2013

Best Practices: Patient Safety and Quality Improvement Education for Orthopedic Resident, Mejia A. Council of Orthopedic Residency Directors Meeting American Orthopedic Association Annual Meeting Denver, Colorado. June 15, 2013

Distal Radius Fractures. Mejia A. Iowa Orthopaedic Society Spring Meeting Des Moines, Iowa April 12, 2013

Culturally Competent Care an Orthopaedist's Responsibility Iowa Orthopaedic Society. Mejia A. Spring Meeting Des Moines, Iowa April 12, 2013

Advances in Treatment of Dupuytren's Disease and In Dermal Substitution Mejia A. Orthopaedic Technologist Association of Illinois Fall Meeting Chicago, Illinois. October 27, 2012

Culturally Competent Care: An Orthopedic Responsibility. Grand Rounds Mejia A. University of Arkansas Department of Orthopedic Surgery Little Rock, Arkansas. September 26, 2012

Biomechanics of the Boutonniere Deformity. Grau L, Baydoun H, Chen K, Gonzalez , Mejia A, Amrouche F Annual Meeting of ASSH, Chicago IL. September 2-8, 2012

Metacarpal & Phalangeal Fractures- Latest Techniques and Pearls. Alfonso Mejia 14<sup>th</sup> Annual Chicago Trauma Symposium August 2, 2012

Carpal Scaphoid Fractures-Key Concepts Mark Gonzalez & Alfonso Mejia 14<sup>th</sup> Annual Chicago Trauma Symposium, August 2, 2012

Triangular Fibrocartilage Injuries: Focus on Foveal Detachment Mejia A. University of Illinois at Chicago, Grand Rounds April 7, 2012

Deactivation of Image-Averaging Increases Clarity in Dynamic Fluoroscopy Smiresh Shah and Alfonso Mejia Combined Meeting of the American and Australian Hand Societies Kauai, Hawaii March 22-25, 2012

Lead Free Attenuation Garment Smiresh Shah and Alfonso Mejia Combined Meeting of the American and Australian Hand Societies Kauai, Hawaii March 22-25, 2012

Falls Across the Continuum of Palliative Care American Association of Hospice and Palliative Care Annual Meeting M Malec, S Levine, A Mejia. Denver, CO March 8, 2012

Effective Communication for All Your Patients Instructional Course, AAOS Annual Meeting McLaurin, Mejia, Bolanos, Peterson. San Francisco, CA February 9, 2012

Radiation Attenuation to Surgeon's Hands Mejia, A, Shah S, Chen K  
Scientific Exhibit, AAOS Annual Meeting San Francisco, CA  
February, 2012

Flexor Tendon Injuries A Mejia Orthopedic Surgery Grand Rounds, University of Illinois at Chicago December 3, 2011

Distal Radio-Ulnar Joint Prosthesis for Painful Ulnar Impingement after Ulnar Head Resection: An Initial Experience Mejia A. Chicago Hand Society Chicago, Illinois January 19, 2011.

Musculoskeletal Trauma: A Sports Perspective Mejia A, Hutchinson M  
M2 CPC Medical Student Lecture, University of Illinois College of Medicine  
September 30, 2010

Care of the Burned Hand Alfonso Mejia, MD-MPH. Orthopedic Surgery Grand Rounds, University of Illinois at Chicago September 11, 2010

Informed Consent: A Case Based Approach Alfonso Mejia, MD-MPH and Paul Price JD Stroger Hospital of Cook County, Department of Surgery Meeting Chicago, Illinois, May 27, 2010

Informed Consent in Orthopaedic Surgery Instructional Course Lecture  
Mejia A, Gonzalez M, Goldstein W, and Price P AAOS 2010 Annual Meeting March 10-15 New Orleans, LA

The mechanics of Locking Plates in Midshaft Femur Fractures, Choi, K. W., Amrouche, F., Paik, C, Gonzalez, M., Mejia, A., ORS Annual meeting, 56th Annual Meeting of the Orthopaedic Research Society, March 6 - 9 2010, New Orleans, Louisiana, USA.

Informed Consent in Orthopedic Surgery Mejia A Grand Rapids Orthopedic Surgery Residency Program, Grand Rounds Grand Rapids, Michigan November 4, 2009

Distal Radius Fractures Evaluation and Treatment Mejia A. Grand Rapids Orthopedic Surgery Residency Program, Grand Rounds Grand Rapids, Michigan November 4, 2009

Cubital Tunnel Release: A Novel Technique Shah S, Baydoun H, Mejia A, and Gonzalez M. Poster Presentation at AAOS 2010 Annual Meeting New Orleans, LA

Musculoskeletal Trauma: A Sports Perspective Mejia A, Hutchinson M

M2 CPC Medical Student Lecture, University of Illinois College of Medicine October 2, 2009

Distal Radius Fractures Mejia A. 11<sup>th</sup> Annual Chicago Trauma Symposium July 30, 2009

Carpal Tunnel Syndrome Evaluation and Treatment. Mejia A. Workers Compensation Meeting ATI Bolingbrook, Illinois, February 18, 2009

Informed Consent in Orthopaedic Surgery Mejia A. University of Illinois Orthopaedic Surgery Saturday Morning Conference Grand Rounds January 31, 2009

Functional Capacity Evaluation Mejia A. University of Illinois Orthopaedic Surgery Saturday Morning Conference Grand Rounds November 15, 2008

Avoiding Complications in Hand Surgery Mejia A. Illinois Association of Orthopaedic Surgeons, Fall Meeting Chicago, Illinois. September 27, 2008

Hand Surgery in a County Population: Hand Infections Mejia A. National Medical Association, Annual Meeting, Atlanta, Georgia July 28, 2008

Flexor Tendon Injuries Mejia A. National Medical Association, Annual Meeting, Atlanta, Georgia July 28, 2008

Triangular Fibrocartilage Injuries Mejia A. University of Illinois Orthopaedic Surgery Saturday Morning Conference Grand Rounds. January 5, 2008

Splinting and Casting of the Hand and Wrist Mejia A Orthopaedic Technologist Association of Illinois Fall Meeting Chicago, Illinois. November 17 2007

Proximal Inter-phalangeal Joint Injuries Mejia A. University of Illinois Orthopaedic Surgery Saturday Morning Conference Grand Rounds September 8, 2007

Tendon Injuries Review for Part I of Orthopedics Boards Alfonso Mejia, MD-MPH Osler Institute Review. July 22, 2006 Naperville, Illinois

Hand Fractures Review for Part I of Orthopedics Boards. Alfonso Mejia, MD-MPH Osler Institute Review. July 22, 2006 Naperville, Illinois

Carpal Injuries Review for Part I of Orthopedics Boards. Alfonso Mejia, MD-MPH Osler Institute Review. July 22, 2006 Naperville, Illinois.

Common Conditions in Hand Surgery. Mejia A. Cermak Health Services Grand Rounds January 17, 2006

Musculoskeletal Infections in Pediatric Patients Mejia A. Pediatric Grand Rounds, Illinois Masonic Hospital December 7, 2005

Fragment Specific Fracture Fixation of Distal Radius Fractures Trimed Distal Radius Course Mejia A Valencia, Spain. November 4, 2005

Shock for the Tactical Officer.

Mejia A  
TEMS training day for SSERT  
Country Club Hills PD, Illinois  
September 27, 2004

Hydration for the Tactical Officer Mejia A  
TEMS conference of ITOA  
Oakbrook, Illinois  
May 2004

Biological Weapons: a Primer for Tactical Emergency Medical Support Mejia  
A. Illinois Tactical Officers Association Annual Meeting Oakbrook, Illinois.  
November 23, 2003.

Injuries of the Upper Extremity Mejia A. Midwest Clinical Conference, Berkheiser  
Lecture, Chicago Medical Society Chicago, Illinois. March 2003

Cold Injury for the Tactical Officer Mejia A. TEMS training day, Tinley Park Police  
Department Tinley Park, Illinois. December 16, 2002

Complex Hand Fractures. Mark Gonzalez MD, J Fernandez MD, Alfonso Mejia MD  
American Society for Surgery of the Hand. Cancun, Mexico January 2002

Common Hand Problems. Mejia A. Midwest Clinical Conference, Berkheiser  
Lecture, Chicago Medical Society February 2001

Agee Endoscopic Carpal Tunnel Release Course. Alfonso Mejia MD and Mark  
Gonzalez MD Rosemont, Illinois

Hand Fractures Instructional Course. Mark Gonzalez MD, Alfonso Mejia MD, and  
Norman Weinzweig MD

Annual Meeting of The American Hand Association. Scottsdale, Arizona  
January 1998

Treatment of Distal Radius Fractures with the Ulson Device. Alfonso Mejia MD,  
Amit Gupta MD, Thomas Wolff MD, and Louis Scheker MD Presented at Kleinert  
Hand Research Meeting, September 1996

Exhaled Pentane as a Marker for Free Flap Loss in a Rat Model Alfonso Mejia  
MD and Mark Gonzalez MD. University of Illinois Orthopaedic Surgery Senior  
Thesis June 1995

Posterior Iliopsoas Transfer for Hip Dysplasia in Myelomeningocele  
Alfonso Mejia MD and Edward Abraham MD. Annual Meeting of the  
American Academy of Orthopaedic Surgeons New Orleans, Louisiana  
February 1994

**PUBLICATIONS:**

Mejia A., Bhimani AD, Macrinici V, Ghelani S, Huang EY, Khan NI, Saw TA, Orthopedics. 2018 Sep 17:1-6. Delving Deeper Into Informed Consent: Legal and Ethical Dilemmas of Emergency Consent, Surrogate Consent, and Intraoperative Consultation.

Mejia A, Solitro G, Gonzalez M, Parekh A, Gonzalez E, Amrouche F. Pullout Strength After Multiple Reinsertions in Radial Bone Fixation. Hand (N.Y). 2018, September.

Mejia A, MacGillis KJ, Heaberlin. Clinical Decision Making for a Soft Tissue Hand Mass: When and How to Biopsy. J. Hand Surg. Am. 2018, June 13.

Mejia A, Solitro G, Gonzalez E, et al. (2018) Pullout Strength After Multiple Reinsertions in Radial Bone Fixation. Hand (New York, N.Y.).

Mejia A, Mayekar EM, Bayrak A, Shah S. Radiation Exposure to the Orthopaedic Surgeon and Efficacy of a Novel Radiation Attenuation Product. J. Surg Orthopaedic Advance 2017. Winter;26(6):246-249.

Radiation Exposure to the Orthopaedic Surgeon and Efficacy of a Novel Radiation Attenuation Product. Journal of Surgical Orthopaedic Advances. Bayrak A, Shah S, Mayekar E, Mejia A. 2016

Hand Compression Neuropathy: An Assessment Guide  
MacGillis K, Mejia A, Siemionov M. Journal of Family Practice. Vol65 No 7 p462-471 July 2016

Comparison of Potential Nerve Scar Agents in the Rat Model  
Mossad D, Shah S, Amrouche F, Solitro G, Helder C, Mejia A, Gonzalez M, Kerns J. Journal of Reconstructive Microsurgery Open May 2016

Falling Across the Palliative Care Continuum: Assessment, Prevention, and Management of Consequences. Monica Malec, Stacie Levine, and Alfonso Mejia Journal of Pain and Symptom Management, Volume 43, Issue 2 (February, 2012), p.357.

Ligamentous and Capsular Injuries to the Metacarpophalangeal Joints of the Hand. Smiresh Shah MD, Fernando Techy MD, Alfonso Mejia, MD-MPH, and Mark Gonzalez MD-MEng. Journal of Surgical Orthopaedic Advances Fall 2012 Volume 21 Number 3, September 2012, p141-146

**BOOK REVIEW:**

AAOS, AEMT: Advanced Emergency Care and Transportation of the Sick and Injured, Third Edition, May 15, 2018.

AAOS, Nancy Caroline's Emergency Care in the Streets, 8th Edition. August 15, 2017

MESPLIE, Hand and Wrist Rehabilitation: Theoretical Aspects and Practical Consequences, Doody Publishing, January 27, 2016

TRAIL, Disorders of the Hand - Volume 1: Hand Injuries, Doody Publishing, January 21, 2016

CHUNG, Essentials of Hand Surgery, Doody Publishing, January 21, 2016.

Cheema, Complex Injurie of the Hand, Doody Publishing, August 2014

Ultrasound-guided Management of Hand Fractures, Orthopedics, Karina Paulius, Pirko Maguina, and Alfonso Mejia Volume 31 Number 12 December 2008

Upper Extremity Dog Bite Wounds and Infections. *J Surg Orthop Adv (US)*, Winter 2005 14(4) p181-184. Bach G, Shah NA, Mejia A, et al

Surgical Management of Hand and Upper Extremity Infections in Children. *The Growing Hand*, Harcourt Brace Press, 2000. Chapter 99 by Alfonso Mejia MD, Amit Gupta MD, Edward Mah MD

Isolation of the Beta-Subunit of the Chloroplast H<sup>+</sup> Translocating ATPase of Spinach Thylakoids. Ingrid Apel BS, Alfonso Mejia, Wayne Frasch PhD. Proceedings of the VII International Congress on Photosynthesis: Vol III, No 1, 1987

## ADMINISTRATIVE

International Paramedic Registry  
United States of America Advisory Committee  
American Academy of Orthopedic Surgeons Representative  
August 2017 to Present

AAOS Board of Counselors  
Illinois Representative  
March 2017 to present

American Association of Latino Orthopaedic Surgeons (AALOS) President  
2017 - present

American Association of Latino Orthopaedic Surgeons (AALOS) – Secretary  
2013 – 2017

AOA  
Annual Meeting Abstract Review Committee  
2015 to 2016

President  
Illinois Association of Orthopedic Surgeons  
December 2014 to December 2016

AAOS Council on Education  
Mastery Model for Attending Education

Chair Work Group  
December 2015 to present

AAOS, Diversity Advisory Board Liaison to the Council on Education  
March 2014 to 2018

Council of Orthopaedic Residency Directors  
Nominating Committee  
Member  
2013 to 2014

M3/M4 Curriculum Committee  
University of Illinois at Chicago  
January 2013

AAOS, Washington Health Policy Fellows Selection Committee,  
2013

President-Elect  
Illinois Association of Orthopedic Surgeons  
2012-2013

Committee on CME  
Chicago Medical Society  
2012-2013

Committee on Public Health  
Chicago Medical Society  
2012-2013

Committee on Advocacy  
Chicago Medical Society  
2012-2013

Alternate Delegate  
Illinois State Medical Society  
2012-2013

Alternate Councilor  
Chicago Medical Society  
2012-2014

Vice Head, Department of Orthopedic Surgery  
University of Illinois at Chicago  
June 2011 to present

Vice President, Illinois Association of Orthopedic Surgeons, 2011-2012

AAOS, Washington Health Policy Fellows Selection Committee,  
2011

University of Illinois Faculty Advancement Committee Orthopedic Department Liaison, 2011 to Present

Secretary, Illinois Association of Orthopaedic Surgeons, October 2010 to 2011

Diversity Advisory Board Liaison to the Council on Advocacy, AAOS, June 2010 to March 2014

Advisory Committee, Orthopaedic Surgery Department, University of Illinois at Chicago, November 2009 to Present

Curriculum Committee, College of Medicine, University of Illinois at Chicago, September 2009-Present

Regional Representative, Illinois Association of Orthopaedic Surgeons, September 2008 to September 2010

Program Director, University of Illinois Orthopaedic Surgery Residency, March 2007 to Present

Committee on Public Health, Chicago Medical Society, 2007 – 2009

Committee on Continuing Medical Education, Chicago Medical Society, 2007 – 2009

University of Illinois, Committee on Continuing Medical Education, August 2007 – Present

American Academy of Orthopedic Surgeons, Exhibits Committee Member, 2006 to 2010

General Surgery Internal Review, University of Illinois GME, December, 2005

Associate Program Director, University of Illinois Orthopedic Surgery Residency, January 2002 to February 2007

University of Illinois, Committee, Graduate Medical Education, January 2002 to Present

University of Illinois Residency Selection Committee, September 1998 to Present

Pharmacy and Therapeutic Committee at St. Francis Hospital, Blue Island, IL, January 1998 to December 2001

Surgery Quality of Care Committee at St. Francis Hospital, Blue Island, IL, January 1998 to December 2001

Executive Committee, Pronger-Smith Medical Care, January 2000 to December 2001

**LANGUAGES**

Spanish (fluent)

**VOLUNTEER WORK**

Shriners Silver Service (April 1994, 1995, 1997, 1998). Worked as member of a pediatric orthopaedic surgery team in Buga, Columbia providing free medical care to disabled children

Uzbekistan (May 1995). Evaluated orthopaedic surgery department at the Tashme II Hospital in Tashkent Uzbekistan as a member of a joint team from the University of Illinois and USAID

Galens Medical Society, (September 1986 to June 1987). Founder and President. A medical student service organization modeled after a similar organization at the University of Michigan devoted to raising funds and awareness for disabled and disadvantaged children

University of Michigan Hospitals (1985). Volunteer on the Hydrotherapy Unit,

University of Michigan Hospitals (1984). Volunteer on Orthopaedic Surgery floor

Amigos de las Americas (May to August 1983). Assistant Project Director. Worked directly with Peruvian Ministry of Public Health in the implementation of a dental hygiene and eyeglass distribution program in Huaraz, Peru

Amigos de las Americas (May to August 1982). Route Leader. Directed, supplied and coordinated a team of volunteers in a rabies control program in Santo Domingo de los Colorados, Ecuador

Amigos de las Americas (May to August 1981). Volunteer. Worked in child inoculation program in Santo Domingo, Dominican Republic

Amigos de las Americas (May to August 1980). Volunteer. Worked in community hygiene program in rural area of Oaxaca, Mexico

**AWARDS**

Departmental Faculty of the Year (Teaching)

University of Illinois Department of Orthopedic Surgery 2013

Top Doctor in Hand Surgery, Regional; Castle and Connolly, 2011-2014

Intern of the Year, University of Illinois Department of Surgery, 1990

United Way and University of Illinois College of Medicine at Urbana-Champaign Service Award (for work on Galens Medical Society), 1987

Amigos de las Americas Service Award 1981, 1982, 1983

National Merit Scholar Finalist, 1982

Ecuador Ministry of Public Health Recognition Award (for work on rabies control program in the state of Pichincha, Ecuador), 1982

#### **PROFESSIONAL AFFILIATIONS**

American Society of Hand Surgery July 2015 to Present

American Association of Hand Surgery 2014 to present

Mid America Orthopedic Association 2014 to present

Chicago Hand Society, January 2011 to present

American Orthopaedic Association, June 2010 to present

Illinois Association of Orthopaedic Surgeons, 2006 to present

American Academy of Orthopedic Surgeons, Fellow, 1999 to present

Illinois State Medical Society, Member, 1996 to present

Chicago Medical Society, Member, 1996 to present

American Academy of Orthopaedic Surgeons, Candidate Member, 1991 to 1999

#### **LAW ENFORCEMENT**

CONTOMS certification

U.S. Park Police

Alexandria, Virginia

October 15-19, 2012

Basic SWAT School

Instructor, Tactical Emergency Medical Support

June to August 2012

South Suburban Emergency Response Team

NEMRT Accredited

Basic SWAT School

Instructor, Tactical Emergency Medical Support

July to September 2011

South Suburban Emergency Response Team

NEMRT Accredited

Basic SWAT School

Swat Officer Certification

July to September 2010

South Suburban Emergency Response Team

NEMRT Accredited

South Suburban Emergency Response Team  
Member February 2000 to Present

Tinley Park Police Department  
Reserve Police Officer  
November 2001 to Present

HK TEMS Course Basic  
Chantilly Virginia  
April 16-20 2001

HK TEMS Course Advanced  
Chantilly Virginia  
November 11-15, 2003

Law Enforcement Officer  
Part Time  
Illinois Law Enforcement Training and Standards Board Certificate  
February 22, 2003

STAR Program  
NMERT  
Crestwood Illinois  
March 09 2002 to March 09 2003

Illinois Tactical Officers Association Member  
November 2000 to Present

Posen Police Department  
Reserve Officer  
Rank Corporal  
July 28<sup>th</sup>, 2015 to Present

Lynwood Police Department  
Reserve Officer

Rank Patrolman  
Assigned to SSERT as TEMS Physician  
January 2013 to September 2014

Tinley Park Police Department  
Part Time Reserve Officer  
March 2002 to 2013

Calumet Park Police Department  
Part Time Auxiliary Police Officer  
March 2000 to February 2002



Patient Name: WEAVER, WENDELL MRN: 31391055  
 Sex: MALE DOB: 7/20/1976 Age: 42 years  
 Discharge Date: n/a Financial Number: n/a

**Orthopedic Notes**

Result Type: Orthopedic Note  
 Result Date: 3/30/2017 00:00 CDT  
 Result Status: Auth (Verified)  
 Performed Information: Mejia MD,Alfonso (3/30/2017 16:52 CDT)  
 Signed Information: Mejia MD,Alfonso (4/20/2017 13:56 CDT)

Clinic Progress Note- ATTENDING: Alfonso Mejia, MD

University of Illinois Hospital & Health Science Systems

CLINIC NOTE	PATIENT: WEAVER, WENDELL
DICT: KUSHAL PATEL, MD	MRN: 031391055
ATTNG: ALFONSO MEJIA, MD	DATE OF SERVICE: 03/30/2017
DATE OF BIRTH: 07/20/1976	

CHIEF COMPLAINT: Left small finger and right index finger pain.

HISTORY OF PRESENT ILLNESS: This is a 40-year-old male, who is here for evaluation of his right index finger pain when bending it and left small finger stiffness.

In regard to his left small finger stiffness, he sustained a basketball injury, where he jammed his finger. It was dislocated at the PIP joint, however, it took 3 weeks for it to be imaged and then intervention via surgery was taking place. The injury occurred on August 5, 2015, and surgery was August 29, 2015. He had a couple of sessions of occupational therapy and then he has continued to have stiffness without improvement as well as pain at the DIP and PIP joint.

In regard to his right index finger, he has pain at the distal aspect of his digit. He just woke up and could not bend it at the DIP without pain. Denies any numbness or tingling in the right index finger.

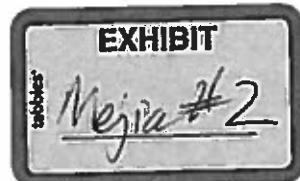
PAST MEDICAL HISTORY: Hypertension, hyperlipidemia.

PAST SURGICAL HISTORY: Left small finger PIP reduction and repair of volar plate.

University of Illinois Hospital & Health Sciences System

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Report Request ID: 37278769  
 Print Date/Time: 1/8/2019 15:04  
 CST





Patient Name: WEAVER, WENDELL      MRN: 31391055  
 Sex: MALE      DOB: 7/20/1976      Age: 42 years  
 Discharge Date: n/a      Financial Number: n/a

**Orthopedic Notes**

**MEDICATIONS:** Amlodipine, carvedilol, hydrochlorothiazide, Zocor, and Pepcid.

**ALLERGIES:** No known drug allergies.

**SOCIAL HISTORY:** Denies alcohol, tobacco, illicit drug use. Patient is incarcerated.

**FAMILY HISTORY:** Noncontributory.

**REVIEW OF SYSTEMS:** Constitutional: Denies sleeping, weight gain, or fatigue. Eyes: No eye pain, visual changes, or double vision. Head, ear, nose, and throat: Denies any ear pain, drainage, sinus infection, hearing loss or change. Cardiovascular: Denies any chest pain, palpitations, heart murmurs, or fainting. Respiratory: Denies shortness of breath, wheezing, or persistent cough. Gastrointestinal: Denies any abdominal pain, nausea, vomiting, or diarrhea. Genitourinary: Denies any blood in urine, dysuria, or urinary frequency. Skin: Denies any rashes, lesions, or bumps. Hematologic: Denies any easy bruising, bleeding disorders, or sickle cell. Psych: Denies any anxiety, depression, hallucinations. Allergic: Denies any food allergies, abnormal reactions, or rashes.

**PHYSICAL EXAMINATION:** Alert and oriented x3, in no acute distress. Nonlabored respiration. Cooperative. Normal affect. He has a regular rate and rhythm palpable by radial pulse. Brisk capillary refill in all digits. He has full range of motion of his wrist and no pain. He has pain of his right index finger over the DIP joint. A cyst is palpable over the dorsal DIP. He has tenderness to palpation and limits his DIP flexion. Left small finger reveals tenderness to palpation at the DIP and PIP joint. He has DIP motion from 0-30 degrees. PIP is stuck in flexion of about 20 degrees with almost zero motion. Sensation is intact to light touch over each digit. Brisk capillary refill is noted.

**IMAGING:** X-ray imaging of the right index finger today shows some degenerative changes of the DIP with osteophyte formation. A small soft tissue mass is appreciated over the PIP joint. No bony tumors noted. X-ray imaging of the left small finger reveals advanced degenerative changes at the PIP joint and DIP joint. There is a suture anchor at the proximal aspect of the middle phalanx. A malunion of the volar plate is appreciated.

**ASSESSMENT/PLAN:** This is a 40-year-old male with 2 issues:



Patient Name: WEAVER, WENDELL MRN:31391055  
Sex:MALE DOB: 7/20/1976 Age: 42 years  
Discharge Date: n/a Financial Number: n/a

#### Orthopedic Notes

1. He has left small finger posttraumatic arthritis of the proximal interphalangeal joint and after a likely proximal interphalangeal dorsal dislocation as well as distal interphalangeal joint arthritis. He has 2 options, which include occupational therapy and a proximal interphalangeal plus-minus distal interphalangeal fusion depending on the severity of his pain. We discussed the pros and cons and the patient wished to pursue a course of occupational therapy to see if he can improve his range of motion at the proximal interphalangeal and distal interphalangeal.
2. For the right index finger, we discussed options of leaving it alone or excising this likely mucous cyst. The patient wished to proceed with the excision of mucous cyst as this affects his activities of daily living and causes him significant pain and discomfort. The patient consented to the excision of right index finger distal interphalangeal mucous cyst. Risks, benefits, and alternatives were discussed with the patient.
3. The patient was not given the surgical date, however, it was written down in the paperwork to be April 14, 2017. This will be an outpatient surgery. The patient understood and agreed with the plan. Dr. Mejia saw and evaluated the patient and agrees with the above-mentioned plan.

DD: 03/30/2017 16:52:48

DT: 03/30/2017 17:25:11

KP/MedQ

JOB: 113523/736790290

I was present with resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.



Patient Name: WEAVER, WENDELL MRN: 31391055  
 Sex: MALE DOB: 7/20/1976 Age: 42 years  
 Discharge Date: n/a Financial Number: n/a

**Orthopedic Notes**

Result Type: Orthopedic Note  
 Result Date: 12/14/2017 00:00 CST  
 Result Status: Auth (Verified)  
 Performed Information: Mejia MD,Alfonso (12/14/2017 13:04 CST)  
 Signed Information: Mejia MD,Alfonso (12/21/2017 16:08 CST)

Clinic Progress Note- ATTENDING: Alfonso Mejia, MD

University of Illinois Hospital & Health Science Systems

CLINIC NOTE	PATIENT: WEAVER, WENDELL
DICT: KARINA KATCHKO, MD	MRN: 031391055
ATNG: ALFONSO MEJIA, MD	DATE OF SERVICE: 12/14/2017
DATE OF BIRTH: 07/20/1976	

**CHIEF COMPLAINT:** Followup of right index finger dorsal mass excision. As well as left small finger pain.

**HISTORY OF PRESENT ILLNESS:** Mr. Wendell Weaver is a 41-year-old male who is here for followup of a right index finger mass removal performed on 04/14/2017. The official pathology report came back saying that the fibrocartilaginous tissue was consistent with an osteophyte. The patient reports that he has minimal issues with his right index finger, he feels that it is doing well.

His main concern at this time is that he has left small finger pain. The patient reports that in 2015, he dislocated the PIP of this finger, and they were unable to perform a closed reduction, so he underwent an open reduction and pinning of his PIP dislocation, at Saint Joseph's Hospital. The patient reports ever since this time, he has had small finger pain primarily at the site of the PIP itself as well as at the MCP joint.

**REVIEW OF SYSTEMS:** Negative for nausea, vomiting, fever, chills.

**PHYSICAL EXAMINATION:** Patient is alert and oriented x3, in no acute distress. He has nonlabored respirations. He appears his stated age. He is slightly overweight. The patient has some tenderness to palpation at the dorsoulnar

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Report Request ID: 37278769  
 Print Date/Time: 1/8/2019 15:04  
 CST





Patient Name: WEAVER, WENDELL MRN: 31391055  
Sex:MALE DOB: 7/20/1976 Age: 42 years  
Discharge Date n/a Financial Number: n/a

## Orthopedic Notes

aspect of his MCP of the small finger. He does not have any tenderness to palpation at the PIP joint itself, or the A1 pulley. He is unable to make a full fist, given the stiffness at his PIP joint. Some subtle left small finger extensor tendon subluxation is appreciated during range of motion. His sensation is intact to light touch in the median, radial, and ulnar nerve root distributions. His AIN, PIN, and ulnar motor nerve functions are intact.

IMAGING: X-rays were reviewed during the clinic today, they demonstrate some significant posttraumatic arthritis of the PIP joint.

ASSESSMENT AND PLAN: Mr. Wendell Weaver is a 41-year-old male, here for followup of right index finger dorsal mass excision as well as for left small finger pain, status post a PIP dislocation and open reduction.

The patient, at this time, we feel that he has significant arthritis of the PIP joint, and that there is unlikely anything that could be done to help him regain full range of motion of this finger. We recommend that he have a fusion of this PIP joint at some point. The patient is not sure that he would like to schedule something like this, as it would mean a permanent loss of range of motion at this joint.

He can follow up with us on an as-needed basis if he decides he would like to have the fusion.

The patient vocalized an understanding of the above assessment and plan. All his questions were answered during his visit today.

Dr. Mejia was present for the evaluation of this patient and agrees with the above plan.

DD: 12/14/2017 13:04:07  
DT: 12/14/2017 13:43:01  
KK/MedQ  
JOB: 432911/769218868  
329-wEŠQ

I was present with resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.



Patient Name: WEAVER, WENDELL MRN: 31391055  
Sex: MALE DOB: 7/20/1976 Age: 42 years  
Discharge Date: n/a Financial Number: n/a

**Orthopedic Notes**

Alfonso Mejia, MD, MPH

Electronically Signed on 12/21/17 04:08 PM

Mejia MD, Alfonso



Patient Name: WEAVER, WENDELL MRN: 31391055  
Sex: MALE DOB: 7/20/1976 Age: 42 years  
Discharge Date: n/a Financial Number: n/a

**Orthopedic Notes**

Result Type:	Orthopedic Note
Result Date:	11/1/2018 10:07 CDT
Result Status:	Auth (Verified)
Performed Information:	Sabella RN,Dulce (11/27/2018 10:24 CST)
Signed Information:	Sabella RN,Dulce (11/27/2018 10:24 CST)

RN meet with patient face to face. Surgery Folder was given guards and faxed to Barbara Johnson at 312-996-1207

The folder includes: *Preparing for Surgery: Taking Your Medication*, and a copy of the *Preparing for Surgery: Taking Your Medication*. RN advised patient to stop any aspirin/aspirin products, NSAIDS, and/or anit-coagulants one week prior to surgery. A copy of the *Pre-Surgery/ Pre-Procedure Shower Instructions* and bottle of Scrub Stat 4% soap were provided to the guards. See under patient education for additional handout given to the patient.

In addition, Barbara Johnson was given a Medical Clearance form for inmate to be evaluated by facility MD. All materials above were faxed to Barbara Johnson including post-op appointment.

Faxed medical clearance form, clinical notes and itineraray to Barb Johnson.

Surgery: 12/07/2018 Left small finger capsilar release and tenolysis 26445

Dx: Left small finger PIP Joint stiffness M24.521, M79.645

Attending Physician: Dr. Mejia

APEC appt: 11/19/2018 115pm ,

Clearances: Medical clearance needed

pre-op testing ordered: n/a

Total Face to Face time: 10min

PCP at Statesville

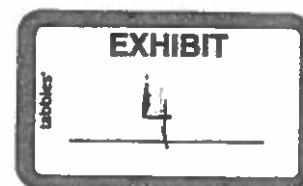
Patient telephone: 815-727-3607

Dulce Sabella RN  
Staff Nurse  
University of Illinois Hospital & Health Sciences System  
Department of Orthopedics

University of Illinois Hospital & Health Sciences System

Report Request ID: 37278769  
Print Date/Time: 1/8/2019 15:04  
CST

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Patient Name: WEAVER, WENDELL MRN: 31391055  
Sex: MALE DOB: 7/20/1976 Age: 42 years  
Discharge Date: n/a Financial Number: n/a

*Orthopedic Notes*

Office: 312-413-3224  
Fax: 312-996-1207

*Electronically Signed on 11/27/18 10:24 AM*

*Sabella RN, Dulce*



Patient Name: WEAVER, WENDELL      MRN: 31391055  
 Sex: MALE      DOB: 7/20/1976      Age: 42 years  
 Discharge Date: n/a      Financial Number: n/a

**Orthopedic Notes**

Result Type: Orthopedic Note  
 Result Date: 11/9/2018 11:59 CST  
 Result Status: Auth (Verified)  
 Performed Information: Collinet RN,Lorna (11/9/2018 12:25 CST)  
 Signed Information: Collinet RN,Lorna (11/9/2018 12:25 CST)

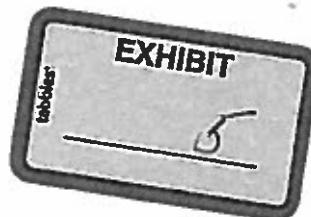
This writer received a message from Stateville, stating that the capsular release was denied for this patient. To please cancel the surgery. He would be treated onsite.

Gedminas, Amanda [mailto:[Amanda.Gedminas@illinois.gov](mailto:Amanda.Gedminas@illinois.gov)]

Wendell, Weaver	3139105	7/20/1976	815-727-3607 *INMATE	Left small finger capsular release and tenolysis	A	M				90
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*Electronically Signed on 11/09/18 12:25 PM*

*Collinet RN, Lorna*



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Report Request ID: 37278769  
 Print Date/Time: 1/8/2019 15:04  
 CST



Patient Name: WEAVER, WENDELL MRN: 31391055  
 Sex: MALE DOB: 7/20/1976 Age: 42 years  
 Discharge Date: n/a Financial Number: n/a

**Orthopedic Notes**

Result Type: Orthopedic Note  
 Result Date: 11/1/2018 00:00 CDT  
 Result Status: Modified  
 Performed Information: Mejia MD, Alfonso (12/11/2018 10:40 CST); Mejia MD, Alfonso (11/2/2018 08:34 CDT)  
 Signed Information: Mejia MD, Alfonso (12/11/2018 10:40 CST); Mejia MD, Alfonso (12/11/2018 10:39 CST)

Addendum by Mejia MD, Alfonso on December 11, 2018 10:40 AM

**Insert Addendum Here:**

I was present with resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.

*Electronically Signed on 12/11/18 10:40 AM*

Mejia MD, Alfonso

Clinic Progress Note- ATTENDING: Alfonso Mejia, MD

University of Illinois Hospital & Health Science Systems

CLINIC NOTE

PATIENT: WEAVER, WENDELL

DICT: ARASH REZAEI, MD  
 ATTN: ALFONSO MEJIA, MD

MRN: 031391055  
 DATE OF SERVICE: 11/01/2018

DATE OF BIRTH: 07/20/1976

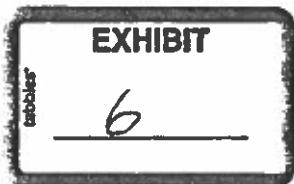
CHIEF COMPLAINT: Left small finger pain.

**HISTORY OF PRESENT ILLNESS:** Mr. Wendell is a 42-year-old male, presents to our office for the followup of left small finger pain. The patient was last seen in our office on 12/14/2017. The patient reports he had an injury to the left small finger in 2015 for which he underwent an open reduction and internal fixation with pin placement. Since the day of the surgery, he has not been able to fully bend his left small finger. He has not been able to make a full fist. He has some difficulty with daily activities including lifting objects, pushing, and pulling. The patient endorses he has had physical therapy for the same issue, but he believes physical therapy did not help relieve the symptoms significantly.

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Report Request ID: 37278769  
 Print Date/Time: 1/8/2019 15:04  
 CST





Patient Name: WEAVER, WENDELL      MRN: 31391055  
 Sex: MALE      DOB: 7/20/1976      Age: 42 years  
 Discharge Date: n/a      Financial Number: n/a

**Orthopedic Notes**

PAST MEDICAL HISTORY: Hypertension, hyperlipidemia, and cardiac arrhythmia.

MEDICATIONS: Losartan and flecainide.

ALLERGIES: No known drug allergies.

PAST SURGICAL HISTORY: Left small finger PIP, ORIF in 2015.

SOCIAL HISTORY: The patient denied tobacco, alcohol, and drug use.

REVIEW OF SYSTEMS: The patient denies fever, chills, nausea, vomiting, diarrhea, constipation, chest pain, shortness of breath, headache, visual changes, hearing loss, easy bleeding, easy bruising, heat or cold intolerance, hematuria hemoptysis, and hematochezia.

PHYSICAL EXAMINATION: General: The patient is alert and oriented x3, not in acute distress, cooperative with the examiner. Mood and affect are appropriate. HEENT: Head is normocephalic, atraumatic. Neck: Supple. No lymphadenopathy. Chest: Nontender to palpation. Nonlabored breathing. Heart: Regular rate and rhythm based on peripheral pulses. Abdomen: Soft, nontender, and nondistended. Musculoskeletal: Exam of the left upper extremity indicates there is mild swelling over the MCP joint of the left small finger. There is some tenderness to palpation at the dorsoulnar aspect of the MCP joint of the small finger. He has mild tenderness to palpation at the PIP joint and at the A1 pulley. He is not able to make a full fist given the stiffness at his PIP joint. The PIP joint range of motion is almost 0. The DIP joint range of motion is about 5 degrees. The MCP joint is about 0-80 degrees. There is some subtle left small finger extensor tendon subluxation appreciated during the range of motion. Sensation is intact to light touch in the median, radial, and ulnar nerve distribution. His AIN, PIN, and ulnar motor nerve functions are intact. Radial pulses are 2+ bilateral and symmetric.

ASSESSMENT AND PLAN: Mr. Wendell is a 42-year-old male who presents to our office for the followup of left small finger pain and stiffness. We explained several options for the patient including continue conservative management with physical therapy and over-the-counter pain medications with range of motion exercises. Also, possible surgery for capsular release and tenolysis of the PIP joints were explained for the patient. Risks and benefits of the surgery including infection, bleeding, damage to the surrounding structures,



Patient Name: WEAVER, WENDELL MRN: 31391055  
Sex: MALE DOB: 7/20/1976 Age: 42 years  
Discharge Date: n/a Financial Number: n/a

**Orthopedic Notes**

persistent pain, I explained for the patient in detail. We explained for the patient that after the surgery, the range of motion might be so limited that we might need to go ahead and do articular fusion. The patient at this point is not interested in articular fusion. He decided to go with the surgery option. Package was filled for the patient. A tentative date of December 7th scheduled for the date of surgery. The patient voiced understanding of the above treatment plan. Dr. Mejia formulated the above treatment plan and was present during the evaluation of this patient.

CD: 11/02/2018 08:34:40  
DT: 11/02/2018 09:29:32  
GR/MedQ  
JOB: 938170/812495353

**\*Insert Addendum Here:**

I was present with resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.

*Electronically Signed on 12/11/18 10:39 AM*

*Mejia MD, Alonso*

1st Lvl rec:		ILLINOIS DEPARTMENT OF CORRECTIONS Offender's Grievance		2nd Lvl rec:	
Date: 9-27-21	Offender (please print): WENDELL WEAVER	ID #: R47387		Race (optional): UNIMPORTANT	
Present Facility: STATEVILLE C.C.		Facility where grievance issue occurred: STATEVILLE C.C.			
Nature of grievance:		<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> ADA Disability Accommodation <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input type="checkbox"/> HIPAA <input type="checkbox"/> Restoration of Sentence Credit <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Disciplinary Report			
		Date of report	Facility where issued		
			GRIEVANCE DEPARTMENT BY: [Signature]		

RECEIVED  
STATEVILLE C.C.  
OCT 8 - 2021

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance".

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor Chief Administrative Officer, only if EMERGENCY grievance.

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

THE ABOVE OFFENDER CAN'T SLEEP DUE TO HIS "SLEEP APNEA" AND U.I.C. PRESCRIBE FOR HIM TO GET A MACHINE TO HELP WITH THIS, BUT STATEVILLE COLLEGE WONT DOING THE REQUEST, FOR WHAT EVER REASON(S) IT'S EFFECTING MY BLOOD PRESSURE AS WELL. HEADACHE'S, ETC. SECONDLY, MY RIGHT KNEE IS GIVING OUT AND SWELLING UP AND HURTING VERY BAD 24 HOURS A DAY, AND STATEVILLE MEDICAL WHAT STAFF KNOWS (DR. HANKE) (DR. TUCCO) (DR. BRUCKNER) KNOWS I NEED A SURGERY → (DR. B) (CPR. A)

Continued on reverse

Relief Requested:

GET ME THE SLEEP APNEA MACHINE AND FOLLOW U.I.C. ORDER(S) GET ME MY KNEE, SHOULDER, ARM SURGERY AS SOON AS POSSIBLE, BEFORE IT GET WORSE OR I TEND LIKE MY PAINFUL FINGER JUST DID, AND NOW IT HURTS ALL DAY EVERY DAY FOR NO REASON AT ALL? AND IT'S NOTHING THE HOSPITAL CAN DO FOR IT

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Check if this is NOT an emergency grievance.

Wendell Weaver  
Offender's Signature

R47387  
ID#

9-27-21  
Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: \_\_\_\_\_  Send directly to Grievance Officer

Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

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Print Counselor's Name

Sign Counselor's Name

Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: \_\_\_\_\_

Is this determined to be of an emergency nature:

Yes, expedite emergency grievance

No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Chief Administrative Officer's Signature

Date

Assigned Grievance #/Institution: \_\_\_\_\_

Housing Unit: \_\_\_\_\_ Bed #: \_\_\_\_\_

1st Lvl rec: \_\_\_\_\_

ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender's Grievance

2nd Lvl rec: \_\_\_\_\_

TOO REPAIR THE PROBLEM BECAUSE THEY HAVE MY  
X RAYS, M.R.T., AND MEDICAL RECORDS, ETC. BUT  
DOING NOTHING ABOUT THIS? SAME WITH MY RIGHT  
SHOULDER ARM/ ELBOW? I WAS JUST SENT OUT FOR  
MY LEFT PUSK, NOW THEY (U.I.C) IS SAYING IT'S TOO  
LATE FOR THEM TO FIX MY FINGER BECAUSE IT TOOK  
TOO LONG FOR THE 3RD SURGERY. I'M TRYING TOO  
AVOID THIS FROM HAPPENING TO MY SHOULDER, KNEE,  
ARM; I'M CONSTANTLY IN SEVERE PAIN (24 HOURS A DAY)  
( PLEASE HELP )

P.S.

I ALSO TALKED TOO GUARDIAN O'BRIEN ON  
MULTIPLE OCCASIONS ABOUT THIS AND OTHER  
MEDICAL ISSUE(S) I'M HAVING AND HE DOES NOTHING BUT  
LIE AND SPANS ME? I NEED HELP !

1st Lvl rec:	ILLINOIS DEPARTMENT OF CORRECTIONS Offender's Grievance			2nd Lvl rec:
Date: 09-01-2020	Offender (please print): WENDELL WEAVER	ID #: 1247387	Race (optional): Black	
Present Facility: STATEVILLE C.C.	Facility where grievance issue occurred: STATEVILLE C.C.			
Nature of grievance:		<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> ADA Disability Accommodation <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input type="checkbox"/> HIPAA <input type="checkbox"/> Restoration of Sentence Credit <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Other (specify): <input type="checkbox"/> Disciplinary Report		
		Date of report	Facility where issued	

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance".

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor Chief Administrative Officer, only if EMERGENCY grievance

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I HAVE BEEN COMPLAINING ABOUT THE PAIN IN MY KNEE (RIGHT) FOR YEARS NOW! I HAVE A BULLET LOGGED IN MY KNEE SINCE THE YEAR (2000) WHEN I GOT SHOT, I CAME TO STATEVILLE C.C. IN THE YEAR '2005' I WASN'T HAVING TROUBLE WITH THIS PARTICULAR KNEE UNTIL ABOUT "4" YEARS AGO, BUT MORE IMPORTANTLY, IT GOT WORSE ABOUT 2 YEARS AGO WHILE PLAYING BASKETBALL / AND RUNNING; IT "Popped" and I

Continued on reverse

Relief Requested:

GET AN "M.R.I" TO SEE WHAT'S THE REAL PROBLEM w/ my RIGHT KNEE & FIND THE SOLUTION TO CURE THIS "CRONIC PAIN" / AND OR REMOVE THE BULLET IF IT'S THE CAUSE OF THE PAIN I MOVE ME ON "2" STAIRS TO PREVENT THE USE OF MY KNEE; AND FROM ENDURING CONSTANT PAIN w/

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self. CLIMBING STATEVILLE

Check if this is NOT an emergency grievance.

Wendell Weaver  
Offender's Signature

1247387  
ID#

9-1-2020  
Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: \_\_\_\_\_  Send directly to Grievance Officer

Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 10277, Springfield, IL 62794-0277

Response:

Print Counselor's Name

Sign Counselor's Name

Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: \_\_\_\_\_

Is this determined to be of an emergency nature:

Yes, expedite emergency grievance  
 No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Chief Administrative Officer's Signature

Date

Distribution: Master File; Offender

Page 1 of 2

DOC 0046 (Rev. 01/2020)

Assigned Grievance #/Institution \_\_\_\_\_

ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender's Grievance

2nd Lvl rec: \_\_\_\_\_

1st Lvl rec: \_\_\_\_\_

and IT'S BEEN "POPPING" every since, and IS IN CONSTANT PAIN - ESPECIALLY WHILE GOING UP AND DOWN ALL THESE STAIR(S) TO "6" GALLERY! I NEED TO GET ON "2" GALLERY WHERE THERE ARE NO STAIR(S) TO GET BACK AND FORWARD BUT SHOULD AGAIN KIOSK, VIDEOS VCR IT(S) URGENT CALL(S) ETC, BUT MORE IMPORTANTLY, GET THIS BULLET TAKEN OUT my KNEE, OR GET AN "M. R. I" TO SEE WHY my KNEE IS IN "EXACERBATING" PAIN 24 HOURS AGAY - EVEN WITH TAKING THE TYLENOL-3 I'M TAKEN FOR my FINGER INJURY ..... THE MEDICAL DIRECTOR HAS ALREADY REVIEWED my X-RAY AND DIAGNOSED my PROBLEM AS "DEGENERATE RATE" OF THE "KNEE" AND IT'S GETTING WORSE BY THE DAY - WHICH IS ANOTHER REASON TO PUT ME ON "2 GALLERY" SO I WON'T HAVE TO CLIMB UP AND DOWN THESE STAIR(S) TOO "RUSH" THE "DETERIATION" OF my KNEE! I HAVEN'T BEEN SEEN IN 2 MONTHS(S) REGARDING THIS KNEE PROBLEM, AND THEY ALWAYS - "RESCHEDULING" - ME EVERY TIME I'M SCHEDULED TO SEE my DOCTOR REGARDING my KNEE PROBLEM, LIKE THEY JUST KEEPING THIS CAN DOWN THE STREET - PROLONGING my PAIN & SUFFERING! CAN SOMEONE PLEASE DO SOMETHING AROUND this SOON -

THUNKS

1st Lvl rec:	ILLINOIS DEPARTMENT OF CORRECTIONS Offender's Grievance		2nd Lvl rec:
Date: 08-20-2021	Offender (please print): WENDELL WEAVER	ID #: R47387	Race (optional): Black
Present Facility: STATEVILLE C.C.	Facility where grievance issue occurred: STATEVILLE C.C.		

## Nature of grievance:

Personal Property       Mail Handling       Medical Treatment  
 Staff Conduct       Dietary       HIPAA  
 Transfer Denial by Facility       Other (specify):  
 Disciplinary Report

RECEIVED  
STATEVILLE C.C.  
AUG 28 2021

Data of report

RECEIVED STATEVILLE C.C. AUG 28 2021	STATUS
SEP 17 2021	Facility where issued
GRIEVANCE DEPARTMENT	

Note: Protective Custody Denials may be grieved immediately with the local administrator or the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated checked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor Chief Administrative Officer, only if EMERGENCY grievance

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

THE ABOVE OFFENDER IS DEALING WITH A HOST OF MEDICAL PROBLEMS, SUCH AS "EXTREME HIGH BLOOD PRESSURE," "259/144" HEART PROBLEM /IRREGULAR HEART BEATS ETC, TORN ROTATOR CUFF IN HIS SHOULDER(S) TORN BICEPS /PT INARM, BULLET(S) IN ARM AND KNEE, TORN TENDON(S) AND MUNISIMENTS IN RIGHT KNEE, AND STATEVILLE MEDICAL DEPARTMENT IS MOVING AT THEIR OWN PACE, WITH ADDING TO THESE ISSUE(S)

Continued on reverse

## Relief Requested:

TO GET "SINGLE MAN" STATUS - DUE TO MY FAILING HEALTH AND VUNDRABILITY TO PEEF WITH CELL MATE(S) ETC. AND GET ME SOME MEDICAL TREATMENT ON THE ABOVE MENTIONED MEDICAL ISSUE(S)

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Check if this is NOT an emergency grievance.

Wendell Weaver  
Offender's Signature

R47387

8-20-2021  
Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received:  Send directly to Grievance Officer

Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-8277

## Response:

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Print Counselor's Name

Sign Counselor's Name

Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: 9/2/21

Is this determined to be of an emergency nature:

 Yes, expedite emergency grievance No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedureDeanne

16

9/2/21

Date

Assigned Grievance #/Institution: \_\_\_\_\_

Housing Unit: \_\_\_\_\_ Bed #: \_\_\_\_\_

1st Lvl rec: \_\_\_\_\_

2nd Lvl rec: \_\_\_\_\_

ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender's Grievance

SO I DON'T FEEL COMFORTABLE WITH A CELL MATE  
I CAN'T PROTECT MYSELF; I FEEL VUNDRABLE, SO  
I WOULD TOO BE IN THE CELL BY MYSELF AND  
NOT DEAL WITH THE "STRESS" OF A CELL MATE  
WHICH IN TURN CAN RISE MY "BLOOD PRESSURE" ETC  
UP AND CAUSE MY HEALTH TO DETERIORATE EVEN FASTER/  
MORE, PLEASE HELP!

Assigned Grievance #/Institution: 246Housing Unit: HOUSE Bed #: 1

Offender (please print): <u>WENDELL WEAVER</u>		Offender's Grievance	
Offender (please print): <u>WENDELL WEAVER</u>	ID #: <u>1247387</u>	Race (optional): <u>BLACK</u>	
Facility where grievance issue occurred: <u>STATEVILLE C.C.</u>	Facility where grievance issue occurred: <u>STATEVILLE C.C.</u>		
Nature of grievance:		Date of report	
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> HIPAA	<input type="checkbox"/> Restoration of Standard Custody
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Other (specify): _____		
<input type="checkbox"/> Disciplinary Report			
		Facility where issued: <u>GRIEVANCE DEPARTMENT</u>	
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.			
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated checked receptacle marked "grievance":			
<p>Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor Chief Administrative Officer, only if EMERGENCY grievance</p> <p>Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.</p> <p>Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):</p> <p><u>THE ABOVE OFFENDER HAS WENT OUT ON SEVERAL MEDICAL WRITS TO U.I.C OUTSIDE HOSPITAL AND CAUSE RACE AND STATE HAVEN SEEN A "MEDICAL DIRECTOR" SPECIFICALLY ABOUT MY SHOULDER(S) AND KNEE(S) WHERE I WENT OUT FOR M.R.T.'S? I SAW DR. WENDELL THE MEDICAL DIRECTOR ALMOST (6) MONTHS AGO, IF NOT LONGER AND SHE SPECIFICALLY TOLD ME MY SHOULDER (RIGHT) AND MY KNEE THE RIGHT, HAS TURN ELBOW'S ROTATOR CREDIT) AND MY KNEE THE RIGHT, HAS TURN ELBOW'S ROTATOR CREDIT)</u> </p>			
(Continued on reverse)			

Counselor Requested:

STED ME TOO HURT MY SHOULDER(S), ON MY SHOULDER(S) AND KNEE(S) AND MY RIGHT ARM / ELBOW IF NEEDED BE, SEE THE MEDICAL DIRECTOR AND FIND OUT WHAT'S THE HOLD UP AND PROBABLY MY ELLBOW(S) AND GET STRONGER PAINS MEDICINE FOR MY PAIN!

Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Check if this is NOT an emergency grievance.

WENDELL WEAVER

Offender's Signature

1247387

ID#

1246 24/2021

Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: \_\_\_\_\_  Send directly to Grievance Officer

Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

Print Counselor's Name	Sign Counselor's Name	Date
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Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

MERGENCY REVIEW: Date Received: 9/2/21

This determined to be of an emergency nature:

 Yes, expedite emergency grievance No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedureJ. BURNS169/2/21

Chief Administrative Officer's Signature

Date

Assigned Grievance #/Institution: \_\_\_\_\_ Housing Unit: \_\_\_\_\_ Bed #: \_\_\_\_\_

1st Lvl rec: \_\_\_\_\_ 2nd Lvl rec: \_\_\_\_\_

ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender's Grievance

CUFFS, ETC., SHE SAID MY RIGHT KNEE HAS A TORN (MENISCUS) AND PROBABLY NEED SEND ME BACK OUT BECAUSE BOTH REQUIRE SURGERY. BUT YOU ND AVAL P T HAVE BEEN TOO LAZY TO OSBOURNE, AND WARDEN GOMBZ PERSONALLY AND THEY DID NOTHING FOR ME OR ABOUT THIS DISEASE IN TREATMENT NO MATTER HOW MUCH PAIN I TOLD BOTH OF THEM I WAS IN AND HOW LONG IT BEEN SINCE I SEEN THE MEDICAL DIRECTOR, I'M EXCRUCIATING PAIN AS I WRITE THIS GRIEVANCE AND NO ONE, ME & MEAN NO ONE IS DOING NOTHING FOR ME! DO MY SHOULDERS AND KNEE NEED TOO FALL OFF THE BED SAME HELP AROUND HERE, I CAN RARELY WALK AND move MY ARM AND SHOULDER AT TIMES! PLEASE HELP & BECAUSE DUE TO WITH THESE "INJURIES", my RIGHT KNEE, AND LEFT ONE, AND my SHOULDER(S) FOR YEARS, NOW AND BEEN COMPLAINING THE WHOLE TIME, AND FINALLY GOT THE X-RAYS - ME & AND SHOWS THE DAMAGE AND INJURIES, AND THEY (MEDICAL) STILL NOT DOING NOTHING FOR ME? AND THE WARDEN(S) GOMBZ AND OBBELEN TURNED A BLIND EYE TOO MY COMPLAINTS, SO I NEED SOMEONE ELSE TO PLEASE STOP IN, THE GRIEVANCE OFFICER WONT DO NOTHING AS WELL, ALL THE WAY TO SPRINGFIELD, ETC. (FUNKS)

C246

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO OFFENDER'S GRIEVANCE			
Grievance Officer's Report			
Date Received: 09/10/2020	Date of Review: 10/26/2021	Grievance # (optional): 1626	
Offender: Wendell Weaver		ID#: R47387	
Nature of Grievance: Medical Concerns 2744 1336 1193 851 1473 1329 737 761 573			
<b>Facts Reviewed:</b> Facts Reviewed: Grievant claims on various grievances dating back to 9/10/20 about numerous medical and staff conduct issues.  The following staff met with the grievant in person on 10/25/21 in the Healthcare Unit Conference Room to discuss the grievances and the grievant's issues: Assistant Warden Osborne, Dr. Henze, Michelle Smith, DON, Shirley Glenn, ADA Coordinator, Monaka Williams, Grievance Officer, Amy Gomez, Grievance Officer, and Anna McBee, Grievance Officer.  Grievant claims in his grievances that he wants a CPAP machine, his left pinky is still messed up, he has right knee pain and wants an MRI, has High Blood Pressure and wants a single man cell, has issues catching his breath, has side effects from the Moderna vaccine, wants to be checked for myocarditis, wants to see a cardiologist, wants blood pressure medications, wants surgery on his shoulder and knees and claims several denials of blood pressure checks by medical staff.			
OVER			
<b>Recommendation:</b> <i>Grievance is Mixed. Staff Conduct is Denied. All medical issues are Affirmed; however, issues are being addressed or have been addressed.</i>			
Anna McBee		 Print Grievance Officer's Name _____ Grievance Officer's Signature _____ <small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small>	
Chief Administrative Officer's Response			
Date Received: 11/2/21	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand		
Action Taken:	 11/3/21		
Offender's Appeal To The Director			
<small>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62784-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</small>			
 Offender's Signature		R47387   ID# _____   11/10/21   Date _____	

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE (Continued)

Grievance Officer finds that grievant recognizes that several of his medical issues are from 2015/2018 and are untimely; however, he states he is still having issues. Per Dr. Henze and medical file review, Grievant did have a sleep study conducted several years ago and it was recommended he receive a mouth guard. Grievant indicated the mouth guard did not work. According to grievant's chart, grievant did not meet criteria for a CPAP machine. Grievant was supposed to receive an alternate treatment for his pinky finger. A 3rd surgery for his pinky finger was not optional. Grievant can do physical therapy. Grievant did have an MRI of his knee and the HCU is currently waiting on an appointment with an orthopedic doctor. The procedure for such appointment was explained to the grievant. The HCU does not make those appointments. The facility who will be treating the grievant makes the appointment with the HCU. Grievant was told that due to COVID appointments are taking longer to schedule. Grievant is taking blood pressure medications as a watch/take. The watch/take was explained to him to ensure he understood it was not done as a punishment, but so Doctor Henze can better monitor his condition. Grievant received a CT of bell and abdomen with no remarkable results. Grievant is monitored by the healthcare unit for any side effects from the Moderna vaccine. Grievant did receive an MRI of his heart a week ago and once results are reported he will be seen to go over the results. Dr. Henze indicated she is waiting for ortho to schedule an appointment for his shoulder. Grievant was educated on his conditions and talked to about a proper diet and his age being a contributing factor to some of his concerns. The Healthcare Unit will follow-up with all pending appointments. Assistant Warden Osborne indicated to the grievant if had any issues with ceiling to contact his assigned counselor.

Grievant seemed to be receptive of the above information and recommendations for all of his medical concerns in the above listed grievances.

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.

J.B. Pritzker  
Governor



Rob Jeffreys  
Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Name: Weaver, Wendell  
ID#: R47387  
Facility: Stateville

11/27/21  
Date

This is in response to your grievance received on 11/16/21. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 9/1/2020 - 9/27/21 Grievance Number: 1626 Griev Loc: Stateville

- Transfer denied by the Facility
- Dietary \_\_\_\_\_
- Personal Property \_\_\_\_\_
- Mailroom/Publications \_\_\_\_\_
- Assignment (job, cell) \_\_\_\_\_
- Commissary / Trust Fund \_\_\_\_\_
- Conditions (cell conditions, cleaning supplies, etc.) \_\_\_\_\_
- Disciplinary Report: Dated: \_\_\_\_\_ Incident #: \_\_\_\_\_
- Other Clap machine, rt. knee, rt. shoulder, lf. pinky, HBP, shortness of breath 8/18, Vaccine reaction 3/27/21, HBP meds

Based on a review of all available information, this office has determined your grievance to be:

- Affirmed, Warden \_\_\_\_\_ is advised to provide a written response of corrective action to this office by \_\_\_\_\_
- Denied as the facility is following the procedures outlined in DR525.
- Denied, in accordance with DR504F, this is an administrative decision.
- Denied as procedures were followed in accordance with DR 420 for removal/denial from/for an assignment.
- Denied, this office finds the issue was appropriately addressed by the facility Administration.
- Denied as this office finds no violation of the grievant's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offense cited in the report was committed.
- Other: \_\_\_\_\_

FOR THE BOARD: Debbie Knauer  
Debbie Knauer  
Administrative Review Board

CONCURRED:

Rob Jeffreys, edw  
Rob Jeffreys  
Director

CC: Warden, Stateville Correctional Center  
Weaver, ID# R47387

Mission: To serve justice in Illinois and increase public safety by promoting positive change for those in custody, operating successful reentry programs, and reducing victimization.

Blank

Date: <u>SEPT 12, 2017</u>	Offender: (Please Print): <u>WENDELL L WEAVER</u>	ID#: <u>R47387</u>
Present Facility: <u>STATEVILLE O.C.</u>	Facility where grievance issue occurred: <u>STATEVILLE O.C.</u>	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA-Disability Accommodation <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> BY: <u>Q422</u> <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> GRIEVANCE DEPARTMENT <input type="checkbox"/> Disciplinary Report: <u>1/1</u> <input type="checkbox"/> Other (specify): <u>STATEVILLE C.C.</u> <input type="checkbox"/> <u>STATEVILLE C.C.</u> RECEIVED STATEVILLE C.C. Date of Report: <u>SEP 22 2017</u> Facility where issued: <u>STATEVILLE C.C.</u> Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification. <u>1547</u> BY: <u>SEP 14 2017</u> STATEVILLE C.C.		
Complete: Attach a copy of any pertinent document (such as Disciplinary Report, Medical Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): <u>ON SEPTEMBER 07, 2017 THE ABOVE OFFENDER PUT HIS NAME ON THE SICK CALL LIST, THE NEXT DAY "LYDIA" CAME OVER TO SEE ME, AND I TOLD HER THAT MY "FINGER" (LEFT PINKY) THE "SURGERY FINGER" HAS BEEN BOTHERING ME IN (EXTREME PAIN) I TOLD HER I NEED PAIN MED'S AND SHE TOLD ME I'M SCHEDULED TO SEE THE "MEDICAL DIRECTOR" OBAST FOR TUESDAY SEPT 12, 2017 BUT TO "NO AVAIL" THEY DIDN'T CALL /OR SEE ME, I ALSO TOLD HER ABOUT MY LOW BACK PAINS, AND</u> <u>Relief Requested: GET ME TO A DOCTOR <sup>OUTSIDE</sup> FOR P.R.T. AND SEND ME SOME PAIN MEDICATION AND SEE WHY I GOT KICKED OUT OF "PHYSICAL THERAPY" FOR LEGAL CAUSES, VISTS, LIBRARY</u>		
<input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self. <u>mm/mw</u> <u>R47387 9/12/17</u> Offender's Signature      ID#      Date (Continue on reverse side if necessary)		
Counselor's Response (if applicable)		
Date Received: <u>9/16/17</u> <input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277		
Response: <u>A copy of this grievance has been forwarded to the H.C.U. for review and response, the original to the Grievance Office. You don't have to send your copy to either the H.C.U. or Grievance Office. You will receive a final response from the Grievance Office when the H.C.U. responds to same</u> <u>J. Butler</u> <u>T. Butler</u> <u>Winters</u> <u>9/16/17</u> Print Counselor's Name      Counselor's Signature      Date of Response		
EMERGENCY REVIEW		
Date Received: <u>9/14/17</u> Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.		
<u>R. [Signature]</u> <u>10/10/17</u> Chief Administrative Officer's Signature      Date		

PAIN EXCRUCIATING

(BOTH)  
SHOULDERS, ELBOW, PAIN ON MY LEFT ARM, AND FINALLY  
MY KNEE(S) BOTH OF THEM ARE HURTING... SHE  
TOLD ME TO EXPLAIN EVERYTHING TO THE MEDICAL  
DIRECTOR, BUT HOW CAN I IF SHE DIDN'T MAKE  
ME AN APPOINTMENT? SHE TOLD ME I HAVE ONE  
COMING UP TODAY, BUT I DIDN'T GO. I NEED TO  
SEE SOMEBODY BECAUSE I AM IN PAIN, ESPECIALLY  
MY PINKY FINGER, PLEASE CALL ME SOON AND  
SEND ME SOME MEDICATION FOR PAIN. SHE ALSO  
TOLD ME "HOSEA" THE PHYSICAL THERAPIST KICK ME OUT  
BECAUSE I HAD LEGAL CALLS, VISTS (THINKS)  
ETC. ON THE DAYS HE SCHEDULED ME  
NOT TO MENTION (LAW LIBRARY) PLUS MY FINGER  
IS IN SO MUCH PAIN I CAN'T DO PHYSICAL THERAPY  
ONE THAT ANYTHON! (THE FINGERS, KNEES & LOWER BACK)  
3 (ELBOW) (SHOULDERS) NEED MEDICAL TREATMENT / AND (NO) M.R.I'S  
TOO SEE WHAT'S THE REAL PROBLEM!

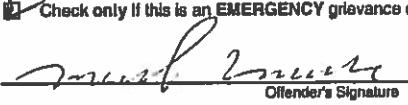
(THURSDAY) 4, 2017, I GOT MY  
GRIEVANCE BACK SAYING IT'S NOT AN EMERGENCY SO  
THEY SENT IT BACK, ID WO'T FROM THE ORIGINAL  
GRIEVANCE ABOVE, I DID SEE THE MEDICAL DIRECTOR  
YESTERDAY (WEDNESDAY SEPT 13, 2017) AND EXPLAIN  
MY (PAIN) AND EVERYTHING I EXPLAIN TO "LYDIA"  
AND HE STILL DIDN'T GIVE ME NOTHING FOR PAIN?  
HE ORDERED SOME MORE KNEE BRACES / NOT BRACES  
BUT SOME CLOTH LOWER STABILIZERS I GUESS,  
WHICH DON'T DO NOTHING FOR THE PAIN IN MY  
KNEES, (NO PAIN MEDS) PLUS MY FINGER  
IS / AND HAS BEEN IN EXCRUCIATING PAIN  
SINCE MY SURGERY BACK IN (2015) MY LOWER (SHOULDERS)  
BACK IS KILLING ME AND MY ELBOW HE  
ORDERED SOME (MUSCLE RELAXER) AND TOLD  
ME TO USE THAT, AND HE'LL SEE ME  
IN (6) MONTHS I'LL BE DEAD IN  
SIX MONTHS W/ THE PAIN I'M IN,  
PLEASE DO SOMETHING ABOUT THIS.  
HE ALSO ORDERED ME AN BACK STABILIZER, BUT THIS NOT  
GOING TO DO NOTHING FOR PAIN... — THINKS —

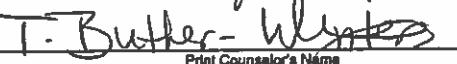
P.S. I HAVEN'T HAD NO PAIN MEDS FOR MY  
FINGER, SINCE THE POST SURGERY I A FEW WEEKS  
AFTER THE FACT, BACK IN 2015.

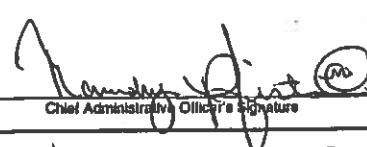
KNEE, SHOULDER

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

5024

Date: 10-17-17	Offender: (Please Print) WENDELL LEAVER	ID#: R47387
Present Facility: STATEVILLE C.C.	Facility where grievance issue occurred: STATEVILLE C.C.	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> H-PPA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Other (specify): _____  <input type="checkbox"/> Disciplinary Report: _____ / _____ / _____ Date of Report _____ Facility where issued _____		
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.		
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Report, etc.) and send to: STATEVILLE C.C., grievance officer, unless the issue involves discipline, is deemed an emergency. Only if the issue involves discipline at the present facility or issue not resolved by Counselor, Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, and issues not resolved by the Chief Administrative Officer.		
NOV 28 2017 NOV 09 2017 STATEVILLE C.C. GRIEVANCE DEPARTMENT BY 324		
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): <u>ON TODAY'S DATE,</u> <u>THE ABOVE OFFENDER SAW DR. DBAISI, FOR A SHOULD UP "I GUESS OR FOR AN UNRELATED ISSUE, WHEN THE ABOVE OFFENDER TOLD HIM THE "MUSCLE PAIN", KNEE CLOTH STABILIZER" AND BACK. (9-13-17) HE GAVE ME SUPPORT WASN'T HELPING MY PAIN / AND SITUATIONAL, MY SLENDER'S ARE POPPING / AND IS "BONE ON BONE" SAME WITH MY KNEE'S THEY ARE PUFFING MAKING NOISE'S, BOTH HIS BEEN DOING THIS FOR SOME YEARS NOW, AND EVERY TIME I TELL DR. DBAISI, HE DOES NOTHING ! HE GAVE ME SOME TYLENOL'S, FOR PAIN IN MY SUBSIDY FINGER THAT HIS</u> <u>Relief Requested: GIVE ME STRONG PAIN PILLS, GUT HE IS A BONE SPECIALIST / AND OR M.R.I TO SEE THE REAL PROBLEM WITH MY SHOULDER(S), KNEE(S), ELBOW, AND LOWER BACK PAIN</u>		
<input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
 Offender's Signature		R47387      10-17-17 ID# Date
(Continue on reverse side if necessary)		

Counselor's Response (if applicable)		
Date Received: 11-16-17	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: A copy of this grievance has been forwarded to the HCU for review and response and a copy to the Grievance Office. There is no need to send your copy to the Grievance Office in HCU. You will receive a final response from the Grievance Office when the HCU responds.		
 Print Counselor's Name	 Counselor's Signature	11-25-17 Date of Response

EMERGENCY REVIEW		
Date Received: 11-14-17	Is this determined to be of an emergency nature?	
<input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.		
 Chief Administrative Officer's Signature		11-14-17 Date
Distribution: Master File; Offender Page 1 Printed on Recycled Paper		

BEING KILLED ME TO SAY THE LAST, THE SHOULDERS  
 ARE "POPPING" BONE ON BONE PAIN" THE LOWER BACK  
 PAIN AND THE PAPPING "BONE ON BONE" ENDS (S)  
 PAIN, WHICH DOES (NOTHING FOR THE PAIN)  
 my ELBOW "LEFT ARM" IS ALSO PAIN IN S, THE  
 TYLENDOL'S ARE NOT HELPING, I NEED TO SEE  
 A BONE DOCTOR TO SEE WHY IS MY BONES  
 POPPING AND IN SO MUCH PAIN, my BLOOD PRESSURE  
 CHECKS HAS BEEN HIGH, DUE TO THIS EXTREMELY PAIN  
 I'm IN ! PLEASE DO SOMETHING ABOUT THIS, I TELL  
 THE MED TECH'S THIS EVERYTIME THEY CHECK MY BLOOD  
 PRESSURE (WHICH IS EVERYDAY) BUT TO NO AVAIL.  
 PLEASE HELP ME, DR. OBALSI TOLD ME THAT'S ALL THE MED-  
 -CINE HE HAS GOING TO GIVE ME AND HAVE A NICE DAY!  
 and THERE NOTHING ELSE THAT CAN BE DONE FOR MY SURGERY  
 PINKY FINGER /NOR THE PAIN.

( AND A ) "BED"

BED REQUEST ; NEW MATTRESS, may ~~help~~  
 could HELP my LOWER BACK PAIN.

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

BL024

## Grievance Officer's Report

Date Received: 11/28/17

Date of Review: 1/25/18

Grievance # 324

Committed Person: Wendell Weaver

ID #: R47387

Nature of Grievance: Medical Treatment

**Facts Reviewed:** Grievant claims on a grievance dated 10/17/17 that he was seen by Dr. Obalsi on 10/17/17. Offender claims that he told Dr. Obalsi the muscle rub, knee cloth stabilizer and back support were not helping his pain. Offender also claims that his knees and shoulders are 'popping.' Offender claims that he was prescribed Tylenol for pain in his finger on which he had surgery. Offender also claims that he is experiencing pain in his lower back, left elbow, high blood pressure and needs to see a bone specialist.

Grievance Officer finds according to Health Care Unit staff "After reviewing offender's medical record, He has been seen regarding his issues several times. He was seen by Dr. Obalsi on 12/13/17 blood work (came back within normal limits) ordered and medication change. Follow up in 2 weeks. He was seen by Dr. Sood 12/27/17 no change in medication, referred to UIC. He does have an approved appointment to UIC Ortho.

*This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.*

**Recommendation:** Denied as grievant appears to be receiving medical care at this time.

David Mansfield, CCII

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

*David Mansfield, CCII*

## Chief Administrative Officer's Response

Date Received: 1/26/18

 I concur I do not concur Remand

Comments:

*Randy P. Kotter*

1/26/18

Date

## Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62799-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

*Wendell Weaver*

Committed Person's Signature

R47387

2/14/18

Data

Blank

BL24

Date: <u>DEC. 18, 2017</u>	Offender: (Please Print): <u>WENDELL WEAVER</u>	ID#: <u>R47387</u>
Present Facility: <u>STATEVILLE C.C.</u>	Facility where grievance issue occurred: <u>STATEVILLE C.C.</u>	
<b>NATURE OF GRIEVANCE:</b>		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Disciplinary Report: / /      Date of Report: _____      Facility where issued: _____		
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification. Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to <b>STATEVILLE C.C.</b> Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board, Chief Administrative Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if <b>EMERGENCY</b> grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): <u>ON DECEMBER 01, 2017, I SEEN DR. WILLIAMS ABOUT MY SHOULDER(S), KNEE(S), FINGER, LOWER BACK PAIN, and LEFT ELBOW PAIN... IN REVIEWING MY CHART(S) X-RAYS ETC. SHE INFORMED ME, I HAD SOMETHING CALLED "BONE SPURS" and THIS COULD BE A REASON FOR MY PAIN. I NEVER WAS TOLD BY "NO ONE" - MEDICAL PERSONNEL - ABOUT THIS. DR. DBAKSI NEVER, EVER MENTION THIS TO ME (AFTER YEARS OF ME COMPLAINING ABOUT ALL THIS PAIN I HAVE BEEN IN. SO SHE RECOMMENDED MR. BICK</u> → Relief Requested: <u>HELP ME FIND OUT WHATS WRONG, AND HAVING ALL THIS PAIN, and see IF THESE "BONE SPURS" THE PROBLEM THRU AND MR. I OR WHATEVER TO DETERMINE THE PROBLEM(S).</u>		
<input checked="" type="checkbox"/> Check only if this is an <b>EMERGENCY</b> grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
<u>_____ Inmate # 2011</u> Offender's Signature		<u>R47387</u> ID# <u>12/18/17</u> Date
(Continue on reverse side if necessary)		

<b>Counselor's Response (if applicable)</b>		
Date Received: <u>2/17/18</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <u>A copy of this grievance has been forwarded to the HCU for review and response and the original to the Grievance office. There is no need to send your copy to the Grievance Office or HCU you will receive a final response from Grievance Office when HCU respond to same</u> <u>I - Better- Winters</u> <u>I. Better- Winters</u> <u>2/17/18</u> Print Counselor's Name      Counselor's Signature      Date of Response		

<b>EMERGENCY REVIEW</b>		
Date Received: <u>1/24/18</u>	Is this determined to be of an emergency nature?	
<input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.		<u>1/24/18</u>
<u>Randy R. Thompson</u> Chief Administrative Officer's Signature		Date <u>1/24/18</u>

BACK TO THE MEDICAL DIRECTOR DR. OBAISI, ON DECEMBER 13, 2017 I SEEN DR. OBAISI AND EXPLAIN MY EXCRUCIATING PAIN IN MY SHOULDER(S) KNEES, AND LOWER BACK, FINGER, AND LEFT ELBOW, PLUS WHAT DR. WILLIAMS TOLD ME ABOUT THE "BONE SPURS" HE TOLD ME I WAS GOING BACK OUT TO U.I.C. FOR MY FINGER, BUT HE CANT DO NOTHING FOR MY OTHER CONDITIONS. I EVEN SHOWED HIM HOW I COULD BARBLY RAISE MY ARM(S) TO "CHEST LEVEL" AND HOW MUCH PAIN I WAS IN AND HOW LONG I BEEN DEALING WITH THESE PROBLEMS. HE ASK ME HOW LONG, I TOLD HIM, IT'S IN THE "MEDICAL CHART'S" DATING BACK AT LEAST 6-7 YEARS AGO... SO HE GAVE ME SOME MORE PILLS (INDOMETHACIN) AND TOLD ME TO HAVE A "NICE DAY". BEFORE I LEFT HIS OFFICE, I ASK HIM WHEN I GO TO U.I.C. CAN HE PUT IN THAT THEY SEE ME FOR MY OTHER ISSUES (APPOINTMENT) HE SAID HE COULDNT DO THAT BECAUSE WEX-FORD HAVEN'T APPROVED ME FOR THAT /OR THEM ISSUES. SO I SAID CAN I TALK TO THEM ABOUT MY OTHER ISSUES; HE SAID "BROTHER THIS IS A FREE COUNTRY" AND SAID YOU CAN LEAVE NOW. ON DECEMBER 14, 2017, I WENT TO U.I.C. FOR MY "FINGER" AND THE DR. THERE TOLD ME, HE CAN'T DO NOTHING FOR <sup>MY</sup> FINGER MOBILITY / BUT FOR THE PAIN, AND THIS NOT 100% TO STOP MY PAIN BUT IT MAY HELP, HE COULD "FUSE THE BONES TOGETHER" BUT IT WOULD NOT GUARANTEE THE PAIN WOULD SUBSIDE. THIS MIGHT BE SOME THING I HAVE TO LIVE WITH.... THEN I TOLD THEM ABOUT MY OTHER ISSUE(S) SHOULDER(S) THE "POPPING" I BEEN EXPERIENCE, MY KNEE(S) THE POPPING AND PAIN I'M IN, MY LEFT ELBOW AND HOW IT HURTS, HOW I'M UNABLE TO SLEEP, AND MY LOWER BACK PAIN, THE SAME THING I BEEN COMPLAINING TO DR. OBAISI ABOUT. THE POPPING THE DR. AT U.I.C. SHID COULD BE SERIOUS, SO SHE PUT IN A REFERRILL TO SEE ANOTHER BONE DOCTOR FOR MY SHOULDER(S) AND KNEE(S), PLZ KNO, THEY DIDN'T MENTION MY LOWER BACK PAIN... I'M WORRIED THAT MY SHOULDER(S) KNEE(S) BEEN OUT OF WACK, <sup>FOR</sup> SO LONG I MAY NEED A SURGERY / OR PERMANENTLY DAMAGE WHICH MAY EFFECT <sup>(MY)</sup> "RANGE (and MOBILITY)" DUE TO DR. OBAISI DELAY IN TREATMENT LIKE MY FINGER DID! CAN SOMEBODY PLEASE HELP ME AND DO SOMETHING ABOUT THIS.. (PLEASE)

RESPECTFULLY,  
Wendell Weaver  
-THNKS-

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

BL24

Date: <u>Jan 29, 2018</u>	Offender: (Please Print) <u>LONDILL WEAVER</u>	ID#: <u>1247387</u>
Present Facility: <u>STATEVILLE C.C.</u>	Facility where grievance issue occurred: <u>STATEVILLE C.C.</u>	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Disciplinary Report: <u>  /  /</u> Date of Report: <u>  /  /</u> Facility where issued: _____		

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: **RECEIVED**  
**STATEVILLE C.C.**  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary  
 administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief  
 Administrative Officer.

FEB 20 2018

GRIEVANCE DEPARTMENT  
BY: John

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

ON DECEMBER 29 OR THE 28<sup>TH</sup> OF 2017, THE ABOVE OFFENDER WAS SEEN BY "MEDICAL DIRECTOR DR. E. FROM A FOLLOW UP AT U. I. C. HOSPITAL VISIT, AND WAS TOLD BY THE OFFENDER WHAT THE DR. S (DOCTORS) AT U. I. C. SAID IN REGARDS TO MY FINGER, 5(10-1 LETTER(S)) AND KNEE(S) ABOUT THEY "RECOMMEND" I SEE ONE OF THEY "ORTHOPEDIC" / BONE SPECIALIST / BONE DOCTOR IN REGARDING MY CRONIC PAIN AND PUPPING IN MY SHOULDER(S) KNEE(S) LEFT ELBOW, THEY SINT STATIVELY A →

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

FIND OUT WHY I'M IN SO MUCH PAINS AND WHY MY KNEE(S) SWELLING UP? AND PUPPING SAME WITH MY SHOULDER(S) AND ELBOW, AND LOWER BACK.

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Wm. Wm. # R47387  
 Offender's Signature ID# 1247387  
 Date 1/29/18

(Continue on reverse side if necessary)

Date Received: <u>  /  /</u>	Counselor's Response (if applicable)	
	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62784-0277.
Response:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Print Counselor's Name	Counselor's Signature	Date of Response

Date Received: <u>2/22/18</u>	EMERGENCY REVIEW	
Is this determined to be of an emergency nature?		
<input checked="" type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated Offender should submit this grievance in the normal manner.		
<u>Walter Nichols</u> Chief Administrative Officer's Signature		<u>2/22/18</u> Date

LETTERAL FOR SUIT ON THAT START DAY  
 I RETURNED ON DECEMBER 14<sup>TH</sup> 2017 WHICH  
 DE, I DISCUSS WITH MT, AND SAID HB THAT WAS  
 GOING TO PUT IN HIS LETTERAL TO WBYGARD  
 TO SEE IF THEY WOULD APPROVE ME. I GOT A  
 GRIVANCE BACK YES-PERDAY, SAYING I'M APPROVED  
 TO SEE DR. C. BONE SPECIALIST, BUT THAT WAS  
 IT. SEE, GRIVANCE # 324 DATED 1-25-18 I'M  
 IN EXCUTATING PAIN AS I WRITE THIS GRIVANCE  
 AND HAVE BEEN FOR THE PAST THREE (3) YEARS OR  
 LONGER, I KNOW SOMETHING IS WRONG WITH  
 MY SHOULDER(S) AND KNEE(S) DUE TO THE  
 PIN AND PAPER AND SOUNDS, CAN SOME ONE  
 PLEASE HELP ME WITH I haven't RECEIVED  
 ANY HELP IN THIS REGARD? EVERY TIME  
 I WALK FOR A LONG PERIOD OF TIME OR  
 STAND ON MY FEET MY KNEE(S) SWELL UP.  
 MY ARMS CAN'T GO ABOVE MY CHEST LEVEL,  
 IT'S HURT FOR ME TOO WASH UP AND USE  
 THE REST ROOM, OR EVEN SLEEP, MY LOWER  
 BACK IS KILLING ME THE MED'S THEY HAVE  
 GIVEN ME DOES NOTHING FOR THE PAIN  
 PLEASE HELP ME.

P.S. I'M AFERED  
 MY SHOULDER(S) AND  
 KNEE(S) BACK, I KNOW WELL NEED  
 SURGERY DUE TO THE NEGLECT THE  
 MEDICAL DEPARTMENT BEEN INFLUENCING  
 ME WITH IGNORING MY COMPLAINTS AND PLAN.

Date: <u>3-9-2018</u>	Offender: (Please Print) <u>WENDELL LEAVER</u>	ID#: <u>R47387</u>
Present Facility: <u>STATEVILLE C.C.</u>	Facility where grievance issue occurred: <u>STATEVILLE C.C.</u>	RECEIVED STATEVILLE C.C.
NATURE OF GRIEVANCE:		RECEIVED STATEVILLE C.C.
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> ADA Disability Accommodation <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> HIPAA <input type="checkbox"/> APR 06 2018 <input type="checkbox"/> Disciplinary Report: <u>/ /</u> <input type="checkbox"/> Other (specify): <u>GRIEVANCE DEPARTMENT</u> 		APR 06 2018 BY: <u>JW</u>
Date of Report		Facility where issued
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to STATEVILLE C.C.</p> <p>Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. MAR 30 2018 Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issue not resolved by the Chief Administrative Officer.</p> <p>RECEIVED STATEVILLE C.C.</p> <p>Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):</p> <p><u>IN JANUARY 2018, THE ABOVE OFFENDER HURT HIS RIGHT ARM - FORE-ARM - AND - RIGHT BICEP - DURING A BASKETBALL GAME, DR. WILLIAMS SAW THE OFFENDER A FEW HOURS LATER AND NOTICED THE CROUCHED FORE ARM AND BICEP MUSCLE LOOKED DEFORMED, SO HE SENT THE OFFENDER OUT TO ST. JUDE'S HOSPITAL IN CHICAGO. THEY DID X-RAYS ON THE BONES AND SAID THEY WERE NEGATIVE AND SENT HIM BACK TO STATEVILLE, NOT CHECKING THE MUSCLES OR TO SEE IF HIS MUSCLE HAD</u></p> <p>Relief Requested: <u>PAIN MEDS FOR MY ARM - AND - SEND ME TO SEE WHY MY ARM - BICEP IS HURTING AND PAIN, my SHOULDER, KNUCKLES LOWER BACK PAIN - LEFT LEG - AND NEW BLOOD PRESSURE MEDS, AND WHATEVER'S HIGH!</u></p> <p><input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.</p>		
<u>W.W.</u> Offender's Signature		ID# <u>R47387</u> Date <u>3/19/18</u>
(Continue on reverse side if necessary)		

Counselor's Response (if applicable)	
Date Received: <u>4/19/18</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277.
<p>Response: A copy of this grievance has been forwarded to the H.C.U. for review and response and the original to the grievance office. You don't need to send your copy to the H.C.U. or grievance office. You will receive a final response when the H.C.U. responds to you.</p> <p><u>I. Butler-Winters</u> <u>J. Butler</u> <u>4/19/18</u>            Print Counselor's Name      Counselor's Signature      Date of Response  <b>RECEIVED</b></p>	

EMERGENCY REVIEW		FEB 23 2019
Date Received: <u>4/19/18</u>	Is this determined to be of an emergency nature?	
<input type="checkbox"/> Yes, emergency grievance <input checked="" type="checkbox"/> No, an emergency is not substantiated. Offender should submit this grievance in the normal manner.		<b>ADMINISTRATIVE REVIEW BOARD</b>
<u>J. Butler</u> Chief Administrative Officer's Signature		Date <u>4/19/18</u>

TOOK <sup>(103)</sup> TEARS, ETC. OVER THE FOLLOWING months my  
 SYMPTOMS NEVER IMPROVED and my ARM - BICEP  
 CONTINUE TO HURT, ESPECIALLY WHILE BENDING,  
 SO I PAID \$15 DOLLARS TO SUE A DR. AGAIN, MS.  
 WILLIAMS, IS WHO I SAW ON FEB 20, 2018, SHE  
 EXAMINED my ARM AGAIN NOTICING THE DEFECT  
 AND REFER ME TO (PHYSICAL THERAPY) BUT TOO  
 NO-AVAIL today is 3-19-18 and I STILL HAVEN'T  
 BEEN CALL TO PHYSICAL THERAPY. my ARM AND BICEP  
 CONTINUE TO HURT AS WELL AS MY SHOULDER(S)  
 KNEE(S) (LOWER BACK, AND LEFT ELBOW). ON MARCH  
 15, 2018 I SAW DR. B. THE MEDICAL DIRECTOR AND  
 HE EXAMINED my ARM, BUT SAID MY OTHER ISSUES  
 IS NOT WHAT I'M THERE FOR. HE SAW THE DEFECT  
 - MLY OF MY ARM AS WELL, AND SAID HE'S GOING TO  
 PUT ME IN AND THAT WAS IT. SO I TOLD HIM ABOUT  
 MY BLOOD PRESSURE MEDICINE NOT WORKING NO MORE  
 AND CHEST PAINS, MY BLOOD PRESSURE WAS  $180/108$  -  
 I BEEN HAVING HEADACHE - DIZZINESS - BLURRY  
 VISION ETC. SO HE GAVE ME AN EKG AND SAID  
 EVERYTHING WAS NORMAL AND GAVE ME A  
 CLONDROBIL TAB TELL TO REDUCE MY  
 BLOOD PRESSURE. WHICH TOOK IT TO  $140/100$  AND  
 OBBE CHECKS, THIS IS FOUR (4) DAYS LATER AND  
 NO ONE COME TO CHECK MY BLOOD PRESSURE; I'M  
 STILL FEELING THOSE SYMPTOMS I SPOKE ON EARLIER  
 SOMEONE PLEASE DO SOMETHING I DON'T WANT TO  
 HAVE A STROKE NOR HEART ATTACK.

THANK-YOU.

## Grievance Officer's Report

Date Received: 4/30/18

Date of Review: 1/11/19

Grievance # 2804

Committed Person: Wendell Weaver

ID #: R47387

Nature of Grievance: Medical Treatment

**Facts Reviewed:** Grievant claims on a grievance written 3/9/18 that he wants proper care for an injury to his arms from playing basketball.

Grievance Officer finds that per Medical Staff, "After reviewing the offender's medical record Offender Wendell seen in HCU 3/15/18 new order for ultrasound of right bicep, blood pressure daily x5 days, and EKG. Offender informed to call med tech with any issues. 5/2/18 ultrasound done. 6/5/18 seen Dr. Okezie referred to UIC orthopedic for right bicep with blood pressure daily x 2 weeks. Physical Therapy pending. Offender follows UIC cardio. If offender has any more issues he should follow the proper sick call procedures including the copay."

*This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.*

RECEIVED

FEB 22 2019

ADMINISTRATIVE  
REVIEW BOARD

**Recommendation:** Grievance is MOOT as grievant appears to be receiving medical care at this time.

Anna McBee, CCII

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

## Chief Administrative Officer's Response

Date Received: 1-28-19

 I concur I do not concur Remand

Comments:

Chief Administrative Officer's Signature

1-28-19

Date

## Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 10277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)



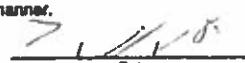
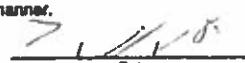
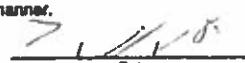
Committed Person's Signature

R47387

1-20-19

Date

Blank

Date: 07-05-2018	Offender: (Please Print) WENDELL LOEAVER	ID: 1247387									
Present Facility: STATEVILLE O.C.	Facility where grievance issue occurred: STATEVILLE C.C.										
NATURE OF GRIEVANCE:		RECEIVED STATEVILLE C.C. 2018 GRIEVANCE DEPARTMENT 4899									
<input type="checkbox"/> Personal Property <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Disciplinary Report:		<input type="checkbox"/> Mail Handling <input type="checkbox"/> Dietary <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Reservation of Good Time <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> ADA Disability Accommodation <input type="checkbox"/> HIPAA <input type="checkbox"/> Other (specify): _____									
Date of Report: 7/5/18		Facility where issued									
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:</p> <p>Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p>											
<p>Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):</p> <p>IN EARLY JANUARY 2018 THE ABOVE OFFENDER INJURED HIS RIGHT ARM / BICEP MUSCLE DURING A BASKETBALL GAME, 2 FEW MONTHS AGO, THE ABOVE OFFENDER HAD AN "ULTIC SOUND" WHICH CONFIRM THE ABOVE INJURY DR. O SID THE ABOVE OFFENDER WOULD BE GOING TO SEE AN OUTSIDE DOCTOR, BECAUSE OF THIS INJURY, PAIN, THIS OFFENDER IS SUFFERING FROM, THIS INJURY IS AFFECTING THE OFFENDER DAY 2 DAY ACTIVITIES, SUCH AS BRUSHING HIS TEETH, WASHING HIS BODY, HIS CLOTHES, GROOMING</p> <p>Relief Requested: GET ME TO THE OUTSIDE HOSPITAL A.S.A.P. BECAUSE MY SITUATION IS GETTING WORSE AND WORSE TO THE POINT MY ARM IS STARTING TO GIVE OUT ON ME &amp; PAINING</p> <p><input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.</p>											
 Offender's Signature		1247387      07/05/2018 ID#      Date									
<small>(Continue on reverse side if necessary)</small>											
<table border="1"> <tr> <td colspan="2">Counselor's Response (If applicable)</td> </tr> <tr> <td>Date Received: 7/15/18</td> <td> <input type="checkbox"/> Send directly to Grievance Officer      <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-0277         </td> </tr> <tr> <td colspan="2">           Response: A copy of this grievance has been forwarded to the HCU for review and response and the original grievance has been forwarded to the grievance office. There is no need to send your copy to the grievance officer or HCU. You will receive a final response when the HCU responds.         </td> </tr> <tr> <td>Print Counselor's Name: Mles</td> <td colspan="2">             Counselor's Signature      7/17/18            Date of Response         </td> </tr> </table>			Counselor's Response (If applicable)		Date Received: 7/15/18	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-0277	Response: A copy of this grievance has been forwarded to the HCU for review and response and the original grievance has been forwarded to the grievance office. There is no need to send your copy to the grievance officer or HCU. You will receive a final response when the HCU responds.		Print Counselor's Name: Mles	 Counselor's Signature      7/17/18 Date of Response	
Counselor's Response (If applicable)											
Date Received: 7/15/18	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-0277										
Response: A copy of this grievance has been forwarded to the HCU for review and response and the original grievance has been forwarded to the grievance office. There is no need to send your copy to the grievance officer or HCU. You will receive a final response when the HCU responds.											
Print Counselor's Name: Mles	 Counselor's Signature      7/17/18 Date of Response										
<table border="1"> <tr> <td colspan="2">EMERGENCY REVIEW</td> </tr> <tr> <td>Date Received: 7/11/18</td> <td>           Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance  <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.         </td> </tr> <tr> <td colspan="2">             Chief Administrative Officer's Signature         </td> </tr> <tr> <td colspan="2">             Date         </td> </tr> </table>			EMERGENCY REVIEW		Date Received: 7/11/18	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	 Chief Administrative Officer's Signature		 Date		
EMERGENCY REVIEW											
Date Received: 7/11/18	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.										
 Chief Administrative Officer's Signature											
 Date											

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

ELIMICA. BECAUSE THIS ARM CAVES OUT, AND TIED OUT  
AND ENDURING THE BLIND FROM IT "HURTS" EVEN  
WHEN I'M SLEEPING. THIS IS RELEVANT ~~THAT~~ "HURTS LIKE HELL" ! I'M  
CONCERNED WITH THE "DISABILITY" IN SENDING ME TO THE  
HOSPITAL MAY LEAD TO ELIMINATELY DIMINISHING MY  
ARM / MUSCLE. <sup>TESTIMONIAL</sup> AND I HAVE TO DEAL WITH THIS  
FOR THE REST OF MY LIFE... DR. O TOLD ME I WAS  
SCHEDULED TO GO OUT FOR EXERCISE. MY QUESTION IS  
WHEN ? BEFORE IT'S TOO LATE, AND MY ARM BECOME USE-  
LESS ! PLEASE FIND OUT WAS GOING ON WITH THIS SITUATION.

THANK YOU IN ADVANCE

Date: 07-06-2018	Offender: (Please Print) LOUENDELL LEAVER	ID#: R477387
Present Facility: STATEVILLE C.C.	Facility where grievance issue occurred: STATEVILLE C.C.	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input type="checkbox"/> Medical Treatment <input type="checkbox"/> ADA Disability Accommodation <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> HIPAA <input type="checkbox"/> Disciplinary Report: _____ Date of Report: _____ Facility where issued: _____ Date: JUL 17 2018 		
<input type="checkbox"/> Disciplinary Report: _____ Date of Report: _____ Facility where issued: _____ Date: JUL 17 2018 <p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  Chief Administrative Officer, only if EMERGENCY grievance.  Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p>		
<p>Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):</p> <p>ON TODAY'S DATE THE ABOVE OFFENDER WAS GIVEN AN APPOINTMENT TO SEE PHYSICAL THERAPIST "HOSEA" FROM A REFERRAL FROM DR. WILLIAMS PARK IN FEBRUARY 2018 (5) MONTHS AGO FOR MY INJURED RIGHT ARM / RECENTLY FROM THE JANUARY 2018 BASKETBALL GAME. (SEE 7-05-2018 GRIEVANCE) DR. I. D. TAMS REFERRED THIS TREATMENT BEFORE MY "ULTRASOUND" WAS TAKEN BACK IN MAY (OR JUNE) (11) I SAW DR. D AFTER HE REVIEWED THE ULTRASOUND, DR. D REFUSED TO REFER ME TO DR. HOSEA BECAUSE OF HIS BACK LOG - GET ME OUT TO THE PC, PERHAPS HIS BACK</p> <p>Relief Requested: GET ANOTHER PHYSICAL THERAPIST TO HELP AND REFER "HOSEA" - BECAUSE (5) MONTHS PAST CAN BE FATAL/CRUCIAL BECAUSE OF HIS BACK LOG - GET ME OUT TO THE PC, PERHAPS HIS BACK</p> <p><input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.</p>		
Offender's Signature: <u>Walter Hines</u>		ID#: R477387 Date: 07/06/18
(Continue on reverse side if necessary)		
Counselor's Response (If applicable)		
Date Received: 7/31/18	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
<p>Response: A copy of your grievance has been forwarded to the HCU for review and response and the original has been forwarded to the Grievance Office. Do not send your copy to the HCU or the Grievance Officer. You will receive a final response when the HCU responds.</p>		
Print Counselor's Name: <u>Mles</u>	Counselor's Signature: <u>Mles</u>	Date of Response: 7/31/18
EMERGENCY REVIEW		
Date Received: 7/24/18	Is this determined to be of an emergency nature?	
<input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.		Date: 7/24/18
Chief Administrative Officer's Signature: <u>Walter Hines</u> <u>DW</u>		Date: 7/24/18

RECOMMENDED TO SEE AN OUTSIDE DOCTOR, IDEALLY AN ASSESSMENT DR. SO THE BUREAU DR. WILLIAMS SUGGESTED TO SIGNATURE. SINCE SHE DIDN'T SEE THE ULTRA SOUND, SO SHE COULDN'T POSSIBLY KNOW THE SEVERITY OF THIS INJURY, SO I DON'T WANT TO INJURE MY ARM WHILE THE THERAPY IS ALREADY IT'S LIKE FLUTTING ME OUT AFTER THE INJURIES, THIS INJURY MAY NOT SURVIVE, SO WHY WOULD SHE SUGGEST PHYSICAL THERAPY RATHER, SEEING WITH THE OUTSIDE DR. OR HOSPITAL WILL SUGGEST. PHYSICAL THERAPIST "MOSCA" SAID IT'S BACK UP WITH DARE AND GUYS AND THAT'S WHY IT TAKE THEM SO LONG, DID CALL ME OVER 15 MINUTES TO ME, WHICH IS BE WAITING FOR PHYSICAL THERAPY, WE HAVE MORE PHYSICAL THERAPISTS THESE PLACES CAN PLACES HURT ONE CHANCE OF GETTING BETTER MORE WITH BACK, AND IMPROVING THEIR CHANCES AFTER SEVERAL OF GAINING SUFFICIENT PHYSICAL THERAPY, PLEASE LOOK AT THIS MATTER AS SOON AS POSSIBLE.

-THURS-

ELLIE RECOMMENDED IT'S ALREADY BEEN (6) MONTHS SINCE THE INJURY AND I AM IN PAIN, AND MY ARM IS SORE AND I HAD OVER TIME I BEND IT, PLACES THE THERAPY OF THIS ARM WILL BE SO MUCH PAINFUL, PLEASE CHECK INTO THIS FOR ME, WHY I HAD TO KILL OUT HAT, TO SEE IF PHYSICAL THERAPY IS NEEDED, BECAUSE DR. LIDIA SAW THE ULTRA-CURRENT REPORT RATHER, RECOMMENDED THIS COURSE OF TREATMENT, DR. WILLIAMS SUGGESTED BEFORE THE "ULTRA-CURRENT".

B624

## Grievance Officer's Report

Date Received: 4/30/18

Date of Review: 1/11/19

Grievance # 2864

Committed Person: Wendell Weaver

ID #: R47387

Nature of Grievance: Medical Treatment

**Facts Reviewed:** Grievant claims on a grievance written 3/9/18 that he wants proper care for an injury to his arms from playing basketball.

Grievance Officer finds that per Medical Staff, "After reviewing the offender's medical record Offender Wendell seen in HCU 3/15/18 new order for ultrasound of right bicep, blood pressure daily x5 days, and EKG. Offender informed to call med tech with any issues. 5/2/18 ultrasound done. 6/5/18 seen Dr. Okezie referred to UIC orthopedic for right bicep with blood pressure daily x 2 weeks. Physical Therapy pending. Offender follows UIC cardio. If offender has any more issues he should follow the proper sick call procedures including the copay."

*This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.*

**Recommendation:** Grievance is MOOT as grievant appears to be receiving medical care at this time.

Anna McBee, CCI

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, Including counselor's response if applicable)

## Chief Administrative Officer's Response

Date Received: 1-28-19

 I concur I do not concur Remand

Comments:

Chief Administrative Officer's Signature

1-28-19

Date

## Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

wendell

Committed Person's Signature

R47387

1-20-19

Date

Blank

EXHIBIT 1 STATEVILLE OFFENDER'S GRIEVANCE FINGER			
Date:	Offender: (Please Print)	ID#:	
DEC 02, 2018	WENDELL WEAVER	R47387	
Present Facility:		Facility where grievance issue occurred:	
STATEVILLE C.C.		STATEVILLE C.C.	
NATURE OF GRIEVANCE:			
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA STATEVILLE C.C. <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Other (specify) DEC 17 2018 <input type="checkbox"/> Disciplinary Report: / /      Date of Report: / /      Facility where issued RIVIANCE DEPARTMENT BY: 7443			
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective-custody-status-notification.			
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.			
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):  <u>THE ABOVE OFFENDER HAS BEEN SCHEDULE TO SEE THE MEDICAL DIRECTOR ON FOUR DIFFERENT OCCASIONS SINCE I CAME BACK FROM my U. I. C. MEDICAL WRIT FROM THE OUTSIDE HOSPITAL, BUT TO NO AVAIL. I'M ALWAYS GETTING RE SCHEDULE, U. I. C. DOCTOR'S PROSCRIBE NEW MEDICINES AND RECOMMENDATIONS, EVEN AN SURGERY ON MY LEFT PINKY FINGER FOR THE PAIN &amp; LIMITED MOBILITY BUT TOO NO AVAIL, UIC EVEN GAVE ME THE SOLUTION AND</u>			
Relief Requested: <u>SEND ME BACK OUT FOR my SURGERY ON my FINGER, FOLLOW U. I. C. DOCTORS ORDERS AND RECOMMENDATION(S) KEEP / and SEND A JOURNAL of my BLOOD PRESSURE 2 U. I. C.</u>			
IV Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.			
<u>Wendell Weaver</u> Offender's Signature		R47387	12,02, 18 Date
(Continue on reverse side if necessary)			
Counselor's Response (if applicable)			
Date Received:	Counselor's Response (if applicable)		
1,11,19	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277		
Response: A copy of your grievance has been forwarded to the HCU by the Grievance Office for review and response by the Medical staff. You will receive a final response when the HCU responds to same.			
<u>C. Franklin cat</u> Print Counselor's Name		<u>C. Franklin 1,18,19</u> Counselor's Signature	Date of Response
EMERGENCY REVIEW			
Date Received:	Is this determined to be of an emergency nature?		Date
12,19,18	<input type="checkbox"/> RECEIVED <input checked="" type="checkbox"/> JAN 11 2019		DEC 24 2013
<u>Walter Hock</u> Chief Administrative Officer's Signature		12,19,18 Date	
Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.			

INSTRUCTIONS THE NIGHT BEFORE THE SURGERY  
BUT I STILL HAVEN'T BEEN BACK OUT? I AM IN  
PAIN - PLUS U.I.C. WANTED ME TO BE TREATED  
FOR MY "SLEEP APNEA" WHICH IS AFFECTING MY  
"HEART CONDITION" BUT TO NO AVAIL! THEY U.I.C.  
EVEN SAID THIS CONDITION CAN EFFECT MY BLOOD  
PRESSURE, THAT'S WHY IT'S SO HIGH, FINALLY I  
HAVE BEEN TO U.I.C. CARDIOLOGIST 4 TIMES  
AND EACH TIME THEY WANTED TO SEE MY BAZY  
BLOOD PRESSURE CHECKS - JOURNALS - BUT TO NO  
AVAIL, PLEASE FOLLOW U.I.C. ORDER(S) & ALSO  
RAN OUT OF MY BLOOD PRESSURE MENS (NORMS)  
THEY STILL HAVIN' BECAUSE IT THEM TWIMES  
"2 WEEKS AGO" PLUS I WAS  
SCHEDULE TO GO OUT FOR MY TOEN  
BICEPS IN RIGHT ARM BUT WENT TO  
U.I.C. FOR IT, BUT THEY SENT  
ME, FOR MY FINGER INSTEAD, SO  
I STILL DIDN'T SEE NO ONE FOR  
MY TOEN BICEPS, PLUS MY KNEE(S) AND SHOULDER(S)  
BOTH ARE STILL IN OCCASIONAL PAIN - AFTER GETTING THE  
SHOULDER(S) OR WHETHER THE NAME OF THE SHOT THEY GAVE ME  
FOR MY SHOULDER(S) (2) UIC A WROTE BACK. I BEEN HAVING  
HEADACHE(S) AGAIN I THINK THIS HAS SOMETHING TO DO BUT WORRY  
MY PAPER (AND HIGH PRESSURE). PLEASE, CALL ME.  
(THANKS AGAIN)

Grievance Officer's Report		
Date Received: 01/11/2019	Date of Review: 08/17/2020	Grievance # (optional): 7443
Offender: Wendell Weaver	ID#: R47387	
Nature of Grievance: Medical Treatment		

**Facts Reviewed:**

Facts Reviewed: Grievant claims on a grievance written 12/2/18 that he has not seen the doctor since he came back from UIC Medical Writ. He wants to be seen, sent back out for his surgery on his finger, and his medical journal sent to UIC.

Grievance Officer finds that per D. Williams, Assistant Warden, with information supplied by Medical Staff/Medical Records: "Inmate saw the medical director on 12/21/2018. Orders made. Alternate treatment plan to treat finger onsite on 11/6/18. Inmate prescribed pain medication on 12/20/2018. Prescribed pain medication on 12/20/2018. Pain medication increased on 12/21/18. Referral submitted on 12/21/2018 for CPAP machine. Per note dated 1/25/19 CPAP machine not warranted. Blood pressure monitored in HTN clinic. Went to RNSC on 12/12/2018 for missing medication. Order resubmitted to pharmacy on 12/12/2018 for Norvasc. Approved to go to UIC ortho on 12/26/2018 to have shoulder and knee evaluated. Seen on 2/15/2019 by UIC ortho for RUE torn tendon CT of right shoulder completed on 11/25/19. Inmate ordered PT for right knee and ordered and renewed pain medications. No documentation of seeking medical care for headaches. (con't next page)

**Recommendation:**

Grievance is MOOT.

Anna McBee

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Offender's Grievance, including counselor's response if applicable)



Date Received: 9-3-2020

Chief Administrative Officer's Response

I concur

I do not concur

Remand

Action Taken:

*Donald Yancy*

Chief Administrative Officer's Signature

9-27-2020

Date

Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)

*myl my*

Offender's Signature

R47387

9-16-2020

ID#

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE (Continued)

Medical Concerns are to be directed to the cell house Nurse who will evaluate offender for treatment or refer him if appropriate. Alternatively, the offender may send a "Medical Request Slip" to Health Care requesting medical services.

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.

B624

Date: <u>DEC 12, 2018</u>	Offender: (Please Print) <u>WENDELL LEAVER</u>	ID#: <u>247387</u>
Present Facility: <u>STATEVILLE C.C.</u>	Facility where grievance issue occurred: <u>STATEVILLE C.C.</u>	
<b>NATURE OF GRIEVANCE:</b>		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation D <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Disciplinary Report: <u>1 / 1</u> Date of Report: <u>12/12/18</u>		
		Facility where issued: <u>STATEVILLE C.C.</u>

Note: Protective Custody Denials may be given immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

ON TODAYS DATE THE ABOVE OFFENDER WAS SEEN AT SICK CALL ABOUT THE PAIN IN MY LEFT PINKY FINGER - AND WAS INFORMED THE RECOMMENDED 3RD SURGERY BY U.I.C. WAS DENIED BY "COLLEGE" THE MEDICAL PERSONNEL AT STATEVILLE FOR UNKNOWN REASONS. I BEEN COMPLAINING ABOUT THIS PAIN, LACK MOBILITY AND MOVEMENT SINCE MY LAST SURGERY BACK IN 2014 ALSO THE DOCTORS AT U.I.C. TOLD ME THIS SURGERY WOULD BENEFIT ME, SO JEFFERSON

RELIEF REQUESTED: SEND ME BACK TO U.I.C. FOR THIS 3RD SURGERY, TO END THIS PAIN AND GET MY MOBILITY BACK, AND MOVEMENT. ....

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Wendell Leaver E47387 12/12/18  
Offender's Signature      ID#      Date

(Continue on reverse side if necessary)

Date Received: <u>1/11/19</u>	Counselor's Response (if applicable)	
	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62704-9277
Response: <u>A copy of your grievance has been forwarded to the HCU by the Grievance Office for review and response by the Medical staff. You will receive a final response when the HCU responds to same.</u>		
<u>C. Franklin cast</u> Print Counselor's Name	<u>C. Franklin 1/18/19</u> Counselor's Signature	Date of Response

EMERGENCY REVIEW	
Date Received: <u>12/19/18</u>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes, expedite emergency grievance <input checked="" type="checkbox"/> No, an emergency is not substantiated. Offender should submit this grievance in the normal manner.
<u>Walter Huch</u> Chief Administrative Officer's Signature	<u>JAN 11 2019</u> Date

AND QUARRELS WAS ALSO IN THE ROOM WITH ME, WHICH THE DURRERS TOLD ME THIS AND THAT THE PECOMMENDATION(S) BACK TO STAFFVILLE, BUT TO NO AVAIL; NOW I'M STILL IN PARIS AND HAVE OF MEMPHIS, AND I GUESS THE MEDICAL, MEDICAL PRACTICE; PLEASE DO SOMETHING, AGAINST THIS PLEASER,..... I HAVE TOLD MY CONSENTER ME, SHEMIN AGAINST THIS AND MY PAID AND - THANKS - STILL NOMINATING HUPPER, TO PROTECT PARIS WITH ELSE TO DO?
--

## Grievance Officer's Report

Date Received: 12/17/2018

Date of Review: 04/09/2019

Grievance # (optional): 7446

Offender: Wendell Weaver

ID#: R47387

## Nature of Grievance:

Medical Treatment

## Facts Reviewed:

Facts Reviewed: Grievant claims on a grievance written 12/12/18 that he wants to return to UIC for the pain in his finger.

Per Medical Staff, "Inmate was seen at UIC for ORIF right 5th finger. Inmate received blood pressure pills (Norvasc & Coreg on 3/7/18, HCTZ on 3/13 and Minoxidil on 3/18). Collegial approval for cardio follow up, MRI of C Spine and neurosurgery. The inmate's medical issues are being addressed. Inmate's CPAP machine was denied. Inmate had an MRI of right elbow and PT was recommended."

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.

## Recommendation:

Grievance is MOOT.

Anna McBee



Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Offender's Grievance, including counselor's response if applicable)

## Chief Administrative Officer's Response

Date Received: 4-12-19

 I concur

 I do not concur

 Remand

## Action Taken:



4-12-19

Chief Administrative Officer's Signature

## Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)



Offender's Signature

R47387

5-4-19

Date

Blank

STATEVILLE C.C.	RECEIVED STATEVILLE C.C. JAN 15 2021 BY: GRIEVANCE DEPARTMENT
Housing Unit: E103 Date: 02/08/22	
DCT 06 2020 284	
OFFENDER'S GRIEVANCE	

date: 9-25-2020 GRIEVANCE DEPARTMENT	Offender: (Please Print) WENDELL WEAVER	ID#: R47387
present Facility: STATEVILLE C.C.	Facility where grievance issue occurred: STATEVILLE C.C.	
ATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> ADA Disability Accommodation <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> HIPAA		
<input type="checkbox"/> Disciplinary Report: _____ / _____ / _____ Date of Report _____ Facility where issued _____		

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

THE ABOVE OFFENDER WAS ISSUED THRU "THE MAIL"  
 BECAUSE STATEVILLE MEDICAL UNIT KEEP RESCHEDUL-  
 LING MY APPOINTMENT TOO SEE THE DOCTOR, "A LOW  
 BUNK / LOW GALLERY" PERMIT, TOO BE MOVED TOO  
 A LOWER GALLERY DUE TOO THE BULLET IN MY KNEE /  
 AND ARM MOVING / AND GIVING ME UNBEARABLE PAIN  
 AND THE MEDICINE THEY GIVING ME IS NOT HELP-  
 -ING AT ALL. SO I TALKED TO SGT. CLARK AND  
 L.T. WARES AND THEY BUT "ME" OFF ABOARD  
 GET IN TOO SEE A DOCTOR A.S.A.P. GET  
 ME SAME STRENGTH DR. PAIN MEDS, BUT MOST IMPORTANTLY  
 PUT ME BACK IN "G-HOUSE" WHERE I BEEN FOR THE LAST YEAR

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Check if this is NOT an emergency grievance.

Offender's Signature: <i>Wendell Weaver</i>	ID#: R47387	Date: 9-25-2020
(Continue on reverse side if necessary)		
Counselor's Response (if applicable)		
Date received: _____ / _____ / _____	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Send to GRIEVANCE DEPARTMENT BY: DEC 15 2020		

Print Counselor's Name: _____	Counselor's Signature: _____	Date of Response: _____ / _____ / _____
EMERGENCY REVIEW		

Date received: 11-4-2020 Is this determined to be of an emergency nature?  Yes; expedite emergency grievance  
 No; an emergency is not substantiated.  
 Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature: <i>Donald Homey</i>	Date: 11-4-2020
---	-----------------

MOVING ME DOWN STAIRS AND RESPECTING MY  
PERMIT(S) SO THE NEXT DAY I SPoke TOO THE  
ACTING SGT OR C-HOUSE ON SEPT 24, 2020, AND  
TOLD HIM ABOUT MY PERMITS, HE CAN PUNISHMENT  
MS. MARKS ABOUT SOME "LAW SUIT(S)" I SUPPOSEDLY  
SAID TOO HER, AND MS. MARKS TOLD HIM SHE DID  
SOME THINGS FOR ME, AND TOLD HIM SHE TOLD ME  
SHE GOT SOMETHING FOR ME AND TO PACK UP  
SHE MOVING ME TOO "E-HOUSE," CELL 123, WHEN  
C-HOUSE HAD OPEN CELLS ON 4 GALLERY AND  
2 GALLERY! SHE MOVED ME TOO A "HIGH AGGRESSION  
HOUSE," WHEN MY AGGRESSION LEVEL IS SUPER LOW!  
WHAT OTHER REASON WOULD SHE DO THIS, BUT  
AS PUNISHMENT? THIS E-HOUSE CELL IS  
NASTY AND HAVE "BLACK MOLO" ON THE BACK WALL  
THE WATER DON'T WORK, AND RATCHES AND ANTI-SMELL  
INSPECTS IS BIL OVER THIS PLACE! ALL  
BECAUSE I WANTED TO MOVE ON A LOWER  
GALLERY DUE TO MY MEDICAL PERMITS?  
THIS IS "UNFAIR" AND A VIOLATION OF MY  
CONSTITUTIONAL RIGHTS - RETALIATION -  
FOR ME WANTING STATE THE SECURITY  
TO FOLLOW THE MEDICAL DOCTOR'S ORDER!  
TO HELP ALLEVIATE SOME OF THIS PAIN  
I'M EXPERTEN COLD, I SOMEDAY NEEDS TOO  
STOP THIS UNETHICAL BEHAVIOR AROUND  
HERE AND SMART HODLES THESE PEOPLE GO  
ACCOUNTABLE!!!

ILLINOIS DEPARTMENT OF CORRECTION  
KNEE / RETALIATION  
RESPONSE TO OFFENDER'S GRIEVANCE

C246

## Grievance Officer's Report

Date Received: 01/15/2021

Date of Review: 07/10/2021

Grievance # (optional): 2821

Offender: Wendell Weaver

ID#: R47387

## Nature of Grievance:

Medical - Medical Treatment  
Classification - Cell Placement

## Facts Reviewed:

Grievant claims on a grievance written on 9/25/2020 that he was placed in E house by placement out of retaliation and that he would like stronger pain medication.

*Lilybeth Segarra, Director of Nursing*  
Grievance officer finds per ~~Lucesita Galinda, HCUA~~,  
"Inmate is back in C-house, C246

He has seen the doctor; will see a doctor in AM.

On strong pain medication Tramadol"

Medical concerns are to be directed to the cell house Nurse who will evaluate offender for treatment or refer him if appropriate. Alternatively, the offender may send a "Medical Request" slip to Health Care requesting medical services."

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.

## Recommendation:

Grievance is mixed. Medical is moot; classification is denied.

A. Gomez CCII

*A. Gomez* Grievance Officer's Signature

Print Grievance Officer's Name

(Attach a copy of Offender's Grievance, including counselor's response if applicable)

## Chief Administrative Officer's Response

Date Received: 7/27/21

 I concur I do not concur Remand

Action Taken:

*J. Gomez* *W**7/27/21*

Chief Administrative Officer's Signature

Date

## Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)

*Wendell Weaver*

Offender's Signature

*R47387*

ID#

*8/3/2021*

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE (Continued)

Date: 12/01/2020	Offender: WENDELL LEAVER	ID#: R47387	
Present Facility: STATEVILLE C.C.	Facility where grievance issue occurred: STATEVILLE C.C.	Facility where issued: STATEVILLE C.C.	
NATURE OF GRIEVANCE:			
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	Other (specify):		
<input type="checkbox"/> Disciplinary Report:	/	Date of Report	Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.

Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

ON THE ABOVE DATE, THE ABOVE OFFENDER WAS SEEN BY A "FEMALE" DOCTOR TODAY AFTER BEING RESIDENTIAL ABOUT 6 TIMES, I TOLD HER ABOUT THE "EXCRUCIATING" PAIN I BEEN IN FOR THE PAST YEAR OR SO, AND THAT THE TENDON - 3'S THEY BEEN GIVING ME WAS SOMETHING TOO MAKE ME SICK AND WAS "INFFECTIVE" TOWARD MY PAIN! I TOLD HER ABOUT MY "CROUCH" KNEE PAIN AND THAT IT RELATED MY PROBLEM IS A "TORN ACL / OR TORN" DUE TO THIS POPP / SNAP SOUND IT MADE DURING A BASKETBALL SHOT A FEW YEARS AGO.

Relief Requested: GIVE ME "ROMAROLUS" MEDICATION / OR SOMETHING "EQUANALGIN" FOR MY PAINY FINGER PAIN, KNEE, SHOULDER / ELBOW PAIN AND NOT FOR MY M.R. I DUE MY KNEE, SHOULDER / ELBOW 3<sup>RD</sup> SURGERY / AND GIVE ME MEDICATION FOR MY M.R. PAIN US.

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Check if this is NOT an emergency grievance.

Offender's Signature	R47387	10/01/2020
(Continue on reverse side if necessary)		

Date Received: / /	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
ID#: R47387		
DIRECTED TO: STATEVILLE C.C.		
DEC 9 2020		

Response:	/ /	
/ /		
/ /		

Print Counselor's Name	Counselor's Signature	Date of Response
/ /		

#### EMERGENCY REVIEW

Date Received: 11/4/2020	Is this determined to be of an emergency nature?	<input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Signature: David Monroe (D.M.)		Date: 11/4/2020
Chief Administrative Officer's Signature		

EARLIER, "SHE TOLD ME SHE CAN'T MAKE MY LIFE PAIN FREE" AND BINGER I TAKE THE TYLENOL 3'S. OR GET REGULAR TYLENOL'S, ETC. I TOLD HER THE OTHER PAIN MEDICINE I WAS GETTING WAS MORE HELPFUL, OR "BENEFICIAL" (THE TRAMADOLS) BUT SHE SAID IT'S SAME GET THEM (NO MORE) AND OFFER SOMETHING WEAKER THAN I WAS ALREADY ON (SOME REGULAR TYLENOL'S) VERSUS (TYLENOL 3), AND LEFT IT AT (TAKE IT OR LEAVE IT) I ALSO TOLD HER ABOUT MY "NAIL" (FUNGUS) ON MY TOE NAILS SPREADING TO MY FINGER NAILS, AND SHE BUZZ THAT OFF AS UNIMPORTANT (MY NAILS ARE HURTING AS WELL DUE TO THIS FECTON) I HAD THIS FOR ABOUT 7-8 YEARS NOW, WITH LITTLE TO NO MEDICINE AT ALL, SO IT'S GETTING WORSEER, I BROUGHT UP MY 3RD SURGERY - ON MY PINKY FINGER - THAT WAS DENIED BY COURTESY (AND SORRY) SHE SAID SHE DIDN'T WANT TOO MUCH ST, AND IT'S UNIMPORTANT! SAME IS WITH MY M.R. & ON MY (RT.) RIGHT SHOULDER AND ELBOW, AND MY KNEE, THAT I BEEN COMPLAINING ABOUT - SHE SAID THERE'S "NOTHING" SHE CAN DO FOR ME RIGHT NOW? I TOLD HER I WAS SICK "DOCUMENTED PAIN 10-20 TURNS AND SHE SAID, IT'S "NOTHING" SHE COULD DO FOR ME AND THEN TOLD ME TOO BRAVE, WITHOUT TELLING ME SHE GOING TO CONTINUE TO GIVE ME (NEW MEDICATION) FOR MY PAIN (OR DO ANYTHING FOR MY NAIL FUNGUS, OR MY ELBOW AND SHOULDER, AND KNEE, SO I'M JUST IN LIMBO AND PAIN WONDERING WHAT'S GOING TO HAPPEN? CAN SOMEONE DO SOMETHING ABOUT THIS PLEASE - I'M HURTING RIGHT NOW!"

I ALSO TOLD HER ABOUT THE "MRI" I WENT FOR ON MY ARM AND SHOULDR, BUT DR. HENZIE (THE MEDICAL DIRECTOR) WAS GOING TO PUT ME IN FOR SEPARATION AND SEND ME BACK, BUT TO NO AVAIL, BECAUSE I HAVE (CLASTIC DRIA) AND I COULDNT STAY IN THERE! (THE MACHINE)! THAT WAS ALMOST (2) YEARS AGO, OR CLOSEST TO IT? SAME W/ MY 3RD SURGERY DO MY PINKY FINGER TOO REMOVE THE BURD UP ON THE BONI

I HAVE TALKED PERSONALLY TO ASST. WARDEN WILLIAMS, WARDEN "GOMTZ" AND HIS ASST. MS. HUNTER / TARR, BUT TO NO AVAIL. I TALKED TO ALL OF THEM ABOUT THE PAIN I'M IN, THE LACK OF MEDICAL TREATMENT THE RESCHEDULING OVER AND OVER AGAIN - THE "BECREUCARING PAIN - my pinky finger, my right knee (I barely can stand on) my shoulder, right and right elbow and deformity of my right bicep) ? I SHOWED THEM MY INJURY: my (swollen knee) my deformed right muscle, my thick discolored toenails, too slow and people tell them I'm not doing or playing games w/ the medical staff HERE ! I TALKED TO SEVERAL NURSES MEN AND WOMEN, ONE NAME (TINA) TOLD ME TO WRITE A GRIEVANCE BECAUSE THE MEDICAL SUPERVISORS ARE BOGGEST / AND WRONG HOW THEY ARE TREATING US ! I'M COMPLAINING TO EVERY NURSE, COUNSELOR, AND STAFF MEMBERS AND IT'S CONSISTANTLY FAILING ON THAT FEARS I EVEN TALKED TO E-HOUSE COUNSELOR (SCOTT) AND HE SAID HE CAN'T DO NOTHING ABOUT IT (YESTERDAY (Sept 30, 2020) - THE PLACEMENT OFFICER (MS. MARKS) MOVE ME TO 15 - HOUSE (THE WORST CELL HOUSE IN STATEVILLE) BECAUSE I ASK TOO MUCH TO DO PEOPLE ASK WHAT YOU MOVE ME DOWN STATE IN (C-HOUSE) A BETTER HOUSE THAN (E-HOUSE) WHEN SHE HAD CELLS OPEN DOWN STAIRS IN (C-HOUSE) BUT SHE MOVE ME TO E-HOUSE WHICH IS FULL OF MOLD AND ROACHES ) SHE DONT THIS OUT OF "SPOTS", THEN I'M TRYING TOO GET "MEDICAL TREATMENT" ? THE CELL IN THE E-123 IS FULL OF MOLD I EVEN TALKED TO SEVERAL LT. AND SGT. FOR BLEACH AND CLEANING MATERIAL. LT. MUSAP GAVE ME BLEACH, AND <sup>seen</sup> SHANINE MOLD HES SELF, LT. NORMAN ALSO SEEN THE MOLD, I ALSO SHOWED THIS ONE NURSE (FEMALE) I'LL GET HER NAME LATER AND SHOWED AND TOLD HER ABOUT THE MOLD BUT TOO ND-AVAIL - PLACEMENT OFFICER MARKS, JEOPARDIZING MY HEALTH BY moving <sup>(cell)</sup> ME TO THIS ASHAY HOUSE - E-HOUSE - AND IN THIS MOULDED, ROACH INFESTED CELL - ALL BECAUSE IT WAS TRYING TO GET MY PREP FOR MEDICAL TREATMENT, I TOLD WARDEN GOMTZ



ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report			
Date Received: 12/09/2020	Date of Review: 04/21/2021	Grievance # (optional): 2829	
Offender: Wendell Weaver	ID#: R47387		
Nature of Grievance: Medical - Medical Treatment			
<p><b>Facts Reviewed:</b>            Grievant claims on a grievance written on 10/1/2020 that the Tylenol 3 is not helping with his pain. Grievant also states he would like another MRI for his shoulder and treatment for his nail fungus.</p> <p>Grievance officer finds per Lilybeth Segarro, Director of Nursing:            "Inmate is now on Tramadol and Naproxen. Inmate is currently housed in C-house.</p> <p>For MRI, Inmate wrote that when Dr. Henze explained the procedure, he rejected because "I have claustrophobia and I couldn't stay in there! (the machine)"</p> <p>No meds for nail fungus"</p> <p>Medical concerns are to be directed to the cell house Nurse who will evaluate offender for treatment or refer him if appropriate. Alternatively, the offender may send a "Medical Request" slip to Health Care requesting medical services."</p> <p>This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.</p>			
<p><b>Recommendation:</b>            Grievance is moot.</p> <p><i>A. Gomez CCII</i></p> <p><i>A. Gomez</i></p> <p>Print Grievance Officer's Name _____            (Attach a copy of Offender's Grievance, including counselor's response if applicable)</p> <p>Grievance Officer's Signature _____</p>			
Chief Administrative Officer's Response			
Date Received: 4/30/21	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand		
Action Taken:	<p><i>David Gmez</i></p> <p>4/30/21</p> <p>Chief Administrative Officer's Signature _____ Date _____</p>		
Offender's Appeal To The Director			
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62784-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p> <p><i>Wendell Weaver</i></p> <p>Offender's Signature _____</p> <p>R47387</p> <p>3/21/2021</p> <p>ID# _____ Date _____</p>			

Blank

STATEVILLE CC and E-mailed  
2-8-22 by CK 138 pages  
date Initials No.

IN THE

UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS

WENDELL E. WEARY )  
# R47387 )

Plaintiff )

v. )

) Case No. 21 C 5148

MARLENE HENZIE, et al., )

Defendant )

PROOF/CERTIFICATE OF SERVICE

TO: U.S. DISTRICT TO: \_\_\_\_\_  
COURT NORTHERN DISTRICT  
CLERK OFFICE. 219 S.  
DEARBORN ST CHICAGO, IL 60601

TO: \_\_\_\_\_ TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE TAKE NOTICE that on FEB 08, 2022 I have placed the documents listed below in the institutional mail at STATEVILLE Correctional Center, properly addressed to the parties listed above for mailing through the United States Postal Service: 16830 S. BROADWAY ST. PO. BOX 112  
JOLIET, IL 60434

Pursuant to 28 USC 1746, 18 USC 1621 or 735ilcs 5/1-109, I declare, under the penalty of perjury, that I am a named party in the above action, that I have read the above documents, and that the information contained therein is true and correct to the best of my knowledge.

DATE: 2-08-2022

1s/ Wendell E. Weary

NAME WENDELL E. WEARY

IDOC# R47387